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WOMEN'S EATING DISORDERS AND THE METAPHORS OF NARCISSISM; THEORETICAL AND PERSONAL PERSPECTIVES

BY

JOANNE ROBERTA TESSIER ©

A THESIS
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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled, "Women's Eating Disorders and the Metaphors of Narcissism: Theoretical and Personal Perspectives," submitted by JOANNE ROBERTA TESSIER in partial fulfillment of the requirements for the degree of Masters of Education in Educational Psychology

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Abstract

The purpose of this study is to explore conceptualizations of women's eating disorders. The investigative part of the task involved an analysis and discussion of the research and theory as well as a set of interviews with both professionals who work with women suffering from eating disorders and two eating disordered women. The exploratory task involved integration of issues in women's eating disorders with concepts from narcissism myth and theory.

Narcissism metaphors and concepts are seldom used to illuminate and discuss core issues in eating disorders. Therefore a comprehensive overview of the current literature on eating disorders is supplemented by an explication of narcissism theory and an articulation of the terms and uses of metaphor.

Eating disorder definitions are documented from a variety of sources. I propose a broader perspective on eating disorders that includes in the definition, any behavior in which there is general inability to respond to body signals of hunger and satiation. Issues such as the prevalence of eating disorders in the female population and the fact that they don't affect all women are discussed in the interviews and in relation to the three eating disorder approaches: the bio-medical, the socio-cultural and the psychological.

The interview section allows for personal articulations on the eating disorders by women. In the process of interviewing a school counsellor, a hospital psychologist, a dietitian and two eating disordered women, some of the emotional and symbolic factors involved emerged. These are described as concerns of image, of psychological boundaries and of communication difficulties. The interviewed women also identify cultural pressures to be slim, psychological sensitivity and childhood experiences as factors in an eating disorder vulnerability.

In the integrative section of the thesis, explication is achieved by describing and discussing narcissism concepts from Freud, Lasch, and Schmookler. From each of the narcissism theorists and from the Myth of Narcissus key concepts and metaphors can be extrapolated to illuminate the eating disorders. Metaphors such as Echo or lack of communication, boundaries, and image can describe the problems of the eating disordered. It is maintained in the conclusion that a metaphorical approach to eating disorders allows comparison to narcissism disorders. And, more importantly, metaphors (whether they are derived from narcissism or not) can serve as liberating conceptual vehicles that unlock one's personal stories that reveal one's underlying issues on eating disorders.

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Chapter 1. Introduction

This study is a three part investigation of women's eating disorders including related abnormal physiological and psychological behaviors. First, explanations and treatment approaches for women's eating disorders are reviewed in current research and literature. The second part entails interviews with professionals who encounter eating disorders in the schools and hospitals and treat different aspects provide an understanding into local approaches. In addition there are interviews with two eating disorder women included. They discuss their history and experiences. Finally, in the last section of this thesis a multi-dimensional overview is integrated into three core issues of eating disorders: psychological boundaries, self-image and communication or voice. The core issues are then compared to parallel concepts and metaphors in narcissism. I suggest that, conceptualized symbolically, eating disorders can be explained and treated from psychotherapeutic and psychoanalytic approaches.

The Significance and Approach of the Study

The eating disorders; anorexia nervosa, bulimia, obesity, and compulsive eating have typically been studied separately. However when the eating disorders are recognized primarily as aberrations from natural eating and digesting processes, these can be considered together with a broader range of eating problems. I propose that a broader perspective on eating disorders would then include in the definition any behavior in which there is a general inability to respond to body signals of hunger and satiation. Using a broader range of inquiry in this thesis enables one to explore and identify attributes of the each separate eating disorder and as well as a composite of them in order to, uncover common physiological, sociological and psychological concerns. These shared dimensions then provide an opportunity to address some key questions about women's problems with eating disorders. Why are eating disorders more prevalent in the female populations? Why don't all women have an eating disorder? The former question answered reveals common concerns of many women; the latter reveals specific problems of the individual and her family.

According to Stoutjesdyk (1990) there are an estimated 50 thousand young women in Canada between the age of 14 and 24 who are currently suffering from an eating disorder. The eating disorders that are most severe and sometimes life threatening such as anorexia and bulimia, are primarily suffered by women. Since eating disorders appear to be more specific to women, the key to better understanding eating disorders may be to focus on factors and experiences that expose women to them. Answers that lie in research

on gender and sexuality issues have noted how physiological differences, developmental stages and their corresponding experiences, cultural values and expectations, economical and political practices and beliefs affect male and female lives. Eating problems or disorders may well be symptoms of both sexuality and gender differences.

My interest in studying women's eating disorders, however, is not to explore the sexuality and gender differences as stated above but is motivated by the need to understand and identify influences on women's eating behavior. While I recognize that sexuality and gender differences are involved in eating disorders, and I recognize this is a study that reviews problems that both men and women experience, the focus is on eating disorders within the female population. This is not a politically oriented thesis, rather it attempts to formulate theoretical perspectives concerning the prevalence of eating disorders in females and, furthermore, to examine why this problem strikes many, but not all, women.

Outline of Three-Perspective Investigation

This three part investigatation of women's eating disorders utlilizes three general perspectives. With the first perspective, I review and discuss the existing explanations and treatment approaches for women's eating disorders in research and relevant psychological literature. With the second perspective, I consider how eating disorders are treated locally. By interviewing professionals and two eating disorder women, personal insights surface that describe history, experiences and treatment approaches. Finally, with the third perspective, I integrate the multi-dimensional overview into three core issues of eating disorders: psychological boundaries, self-image and communication or voice. The core issues are compared to parallel concepts and metaphors in narcissism. Ultimately by studying eating disorders from the three perspectives, it is shown how conceptualized symbolically, eating disorders can fit theoretical and personal explanations.

For the first perspective, the literature review consists of explanations and discussions that can be described as the nature-nurture issues and approaches on eating disorders. These include the bio-medical approaches, the socio-cultural approaches and the psychological approaches. In Chapter 2, the natural eating processes and the bio-medical approaches which represent the nature aspects of eating disorders are considered. Next in Chapter 3, the nurture aspects are described in the socio-cultural approaches and the psychological approaches. My overall objective of this research and literature review is to look at the eating disorder and eating problem phenomenon as comprehensively as possible.

The second perspective is found in Chapter 4. Here a description and a discussion is presented on local concerns and treatment approaches that surface in interviews with three professionals and two eating disorder women. The subjective insights possible in the interviews add to the understanding of eating disorders. The primary attraction of the results from the interviews is that they lend an experiential flavour to women's concerns with eating problems. These are presented in the following way.

First, the methodology and personal insights as well as biases that could influence data collection or interpretation are outlined. Following this, is a description of objectives and co-researchers. The data from the interviews are then summarized into a commentary and tables in which key themes are discussed. Explication and interpretation of the data's themes is brief as the objective of the interview is primarily to recognize local approaches and concerns and to allow for personal articulation of these. In essence, the interview perspective of this thesis is not a focal point of the study as may be characteristic with qualitative approaches. The data is valued based on the local and personal sources of information on eating disorders it provides. Data and interpretations are used to supplement ideas throughout the thesis. For example, in Chapters 5 and 6, I integrate some of the interviewees' articulations on core issues of eating disorders with narcissism concepts and metatphors.

In Chapter's 5 and 6, I present the third perspective. Here, I discuss a rationale for using narcissism myth, theory and related metaphors and apply them to discussion of core issues in eating disorders. In Chapter 5, Freud's seminal ideas on narcissism, Lasch's socio-cultural analysis of narcissism, and Schmookler's analysis of evolutionary and unconscious aspects of narcissism are summarized. Following each of these summaries an interpretation of their key ideas are discussed as they relate to eating disorders.

In Chapter 6, I elaborate on the range of metaphorical applications in literature, philosophy, education and psychotherapy. This discussion is followed by applying a metaphorical approach of paralleling key ideas from the narcissism theories and the three metaphors from the narcissus myth with the core issues of eating disorders. First, the myth of Narcissus and Echo is described and analyzed as symbolic representations of individual and relationship pathology, of lack of communication and interpersonal distances, and as a format for consideration of childhood experiences that contribute to eating disorders. These personal and interpersonal problems are at the heart of the psychological underpinnings of eating disorders. Following the Echo and Narcissus story, a focus on the Echo Metaphor, or more specifically, on a female eating disorder and female

narcissism problem, is provided especially as it portrays the communiction deficits with self and others. The other two metaphors considered are boundary and image.

The boundary metaphor represents confusions between illusions and reality and describes boundary permeability as a vulnerability to, or distance from, others. Boundary can also describe a process of introjection and projection, some of the process which may be conceptulazed as occuring with the eating binge. The eating binge, conceived in this way, is a defense in reaction to an emotionally charged situation. Further conceptions of defenses are considered in the scope of boundaries.

The image metaphor is used to symbolize mirrors and the preoccupation with self-image that is basic to dieting. Here the factors in society that foster the preoccupations and set the stage for eating disorders are described. Effects on the individual are also described as the self estrangement effect of "too strong" a link between self-esteem and body-image, and the contradictions of the worship of beauty that co-exists with dysfunctional eating and diet regimes that are destructive to health, beauty and self-esteem.

In Chapter 7 concluding remarks on the study's strengths and weaknesses are presented. As well, speculations on further conceptions of eating disorders are suggested especially those relevant to potential future research on eating disorders. The objective of Chapter 7 is to integrate the three perspectives taken on eating disorders in this study and to identify points where specific questions are answered. Why are eating disorders more prevalent in the female population and why are not all women vulnerable to eating disorders? For the remainder of Chapter 1, definitions of eating disorders and concepts that need further explication, such as the use of parallels between eating disorders and narcissism, are provided.

Parallels in Narcissism with Core Issues in Eating Disorders

The Narcissus theme can serve many uses in our understanding of eating disorders. There are three core issues in women's eating disorders that can be paralleled with narcissism: boundaries between self and world (food, other people and reality), lack of voice, and a dysfunctional body image. The three corresponding symbols or metaphors from the narcissism myth are boundaries between Narcissus and his image (the mirror-like pond), Echo's inability to articulate her own thoughts, and Narcissus' distortions of body image and his overfascination with image. Using these metaphors, I argue that eating disorders can be understood in a way that integrates physiological, psychological and sociocultural factors.

Some women with eating disorders describe a struggle with boundaries between self and others and between food and self. As well, women with eating disorders who indicate that they smother their emotional needs with eating, suggests a lack of voice. Finally, recognition that the preoccupation with body and image in a narcissistic society, contributes to eating disorders if women become preoccupied with an ideal body image. This thesis does not attempt to discover a "key culprit" among these factors, rather, considers their interaction.

To achieve this end, core issues are juxtaposed with key narcissism metaphors. Separately, these variables lend themselves to several explorations. In order to analyze parallels; however, I explicate and focus solely on the symbolic and theoretical applications of narcissism that can be isolated to illuminate women's eating disorders. As shown in the literature review and the discussions of this thesis, eating disorders can be interpreted in endless variation. For ease of discussion, eating behavior might also be considered on a continuum starting with a general inability to respond to body signals of hunger and satiation and ending with severe life-threatening eating disorders such as anorexia nervosa and bulimia. The conception of eating behavior along a linear continuum allows us then to identify eating problems within a wider range of individuals and to locate points where it deviates from the normal physical, social or emotional eating to become an eating disorder.

In the literature review I explore and summarize existing approaches to eating disorders, many of which have identified psychological and sociological factors as well as individual physiological predispositions. By integrating established hypotheses about eating disorders with narcissism myth and theory, additional understanding can supplement existing approaches.

Symbolic Metaphors from Narcissism

Metaphors are generally defined as figures of speech in which a word or phrase which denotes one kind of object or idea is used in place of another to suggest a similarity between them. A myth is defined as a parable or allegory; a legendary narrative that presents part of the beliefs of a people or explains a practice, belief or natural phenomena. Both metaphor and myth are methods of symbolization. In my study I describe a metaphor as a symbol of an underlying psychological problem involving an eating disorder. A myth can be a metaphor when it serves as a symbol for something that is otherwise repressed or dormant in the individual. The narcissus myth serves as metaphor for love gone bad in the face of vanity and, at a deeper repressed level, as a metaphor for a problem with self and others as a result of distorted self-image.

Echo's story

Echo, was a water nymph who fell in love with Narcissus and but who could not establish a relationship with him because she could not express her words of love. Not only was Echo unable to verbalize her feelings but she also lacked insight; she continued to love a man who didn't love her. Echo's communicative problems are a lack of insight and the inability to express to herself and to others her needs and emotions.

The communicative disorder concept has been recognized in other theoretical, but less symbolic, formulations on eating disorders. For example, Bruch (1978) and Minuchin (1978) described the inability to express oneself and as a communicative disorder that occurs in the families of anorexics who fail to listen to real needs of the each other: instead, because they are sure they know what the other feels and truly means, they will disqualify what the other has said. Bruch (1979) described the communication gap as being a confusion of pronouns in the families of anorexic patients. "I have called this style of communication a 'confusion of pronouns' because one never knows in whose name anyone is speaking. Father will explain what mother really means, and mother is sure that she must correct what daughter says she thinks, and daughter will in turn explain the parents" (p.37). From these descriptions, the sense that one gets of the communication problem is that there is always a "we" instead of an "I" and family members seldom speak in terms of their own specific ideas and feelings.

Echo's psychological boundaries are weak. According to myth, she withdraws to waste away after Narcissus' rejection. Echo's resulting conditions of self-imposed loneliness and isolation are a metaphor for psychological boundaries that some people build when they unable to find and nurture love. Echo's withdrawal into to a lonely cave to mourn her unrequited love also represents a psychic boundary being crossed in that she internalizes Narcissus' rejection into a never-ending rejection of her own self. Confusion of boundaries plays a large part in the theories of eating disorders (Sulieman, 1985). For example, Bruch (1978) describes boundaries as an obscurred sense of physiological needs and an inappropriate responses. As well Munichen (1978) claims that individual boundaries may be a problem with families that deny separation and individuation of its members.

Echo's sad story can easily be extrapolated to women with eating disorders - women who have responded to emotional and social disasters with dysfunctional eating behavior. Articulation of the echo metaphor reveals emotional and social stressors related to eating disorders that are repressed or inadequately expressed and cannot, therefore, be effectively resolved.

Sociocultural interpretations of narcissism highlight factors that send the "Echo type" women into eventual withdrawal from normal social and biological functioning. Christopher Lasch, who authored two pioneer works in sociocultural narcissism, The Culture of Narcissism and The Minimal Self, follows a line a reasoning that considers how a narcissistic society affects and is affected by its individual citizens. Lasch believes defensiveness and isolation in the context of a selfish and individualistic society can breed social and psychological problems, of which eating disorders is one. His description of the "minimal self" who is both isolationist and impotent, parallel the Echo metaphor of empty voice and amorphous psychological boundaries.

A great deal of theoretical narcissism can be applied to understanding eating disorders which is further explored in Chapters 5 and 6 of the thesis. In particular, I will consider Freud's seminal ideas on narcissism, Lasch's sociocultural concept of narcissism, and Schmookler's integration of individual and societal concepts on narcissism. Beyond consideration of the Echo metaphor there are the two further metaphors of boundaries and self-image from the narcissism myth and theory that capture other aspects of women's problems with eating.

Boundaries

A boundary marks or shows a limit or end. The word boundary represents a region of distinctness of self from others. In psychology it can also mean a region separating two psychological forces such as self and other. Boundaries can be either a hindrance or be too permeable. Boundaries between self and reality in the narcissus myth are demonstrated by the fact that Narcissus was unable to recognize his own image in the pool. He fell in love with it and could never know reciprocated love. In other words, Narcissus did not recognize (or want to recognize) the limits between reality and image. Narcissus' fascination with his own image has been interpreted in various ways; as a yearning after the relationship that he had with his mother, (Leirope), or, as a denial of self-knowledge because it would have destroyed the perfect image he had of himself (Hamilton, 1982). For the purposes of this thesis, Narcissus' scorning of Echo's love and his love for his own reflected image suggests that his problem is rooted in his inability to let down his psychological boundaries and love others. Narcissus' love of self is an impermeable barrier to any others and a too permeable one to the unreal love object: his two-dimensional reflection.

Narcissus' problems with boundaries can be extrapolated to dysfunctional eating. Boundaries in persons with eating disorders might be conceptualized as an inability to separate self from others' opinions and the consequential vulnerability to opinion that

induces restricted eating behavior. One starves to fit an ideal body size or one overeats in response to despair felt for being unable to fit that ideal. As well, eating excessively to become fatter might well be conceived as building protective boundaries around the vulnerable and permeable self. In short, the boundary metaphor can symbolize introjection of others' opinions or projection of one's own vulnerability. Some of the important defense options are then used to build protective boundaries that consist of fat layers or controlled diets. As illustrated in this paragraph, the boundary metaphor, like the Echo metaphor, describes social influence and individual response so it lends itself to analysis and interpretation of eating disorders at the both these levels.

Body-image

Body image is another suggestive metaphor encountered in the Narcissus myth. Narcissus' image was so perfect that people fell in love with him even when he was still in the cradle. Narcissus also came to love himself when he first caught sight of his reflection. His adolescent preoccupation with his body image resulted in eventual isolation and frustration because it prevented him from knowing his deeper self. The narcissus theme parallels a sociocultural analyses that identifies image and superficiality as a common theme in which people suffer self-estrangement and interpersonal distances.

For women with eating disorders the worship of the ideal-image may be so completely internalized that even their own perceptions of self are distorted. These women may never be able to look at their body proportions as anything but disappointing. These women, like Narcissus, cannot see beyond their surface image, and, like Echo, their perception of their image is not based on their real selves but on a reflection of society's ideal image. Women's eating problems can become disorders in the process of striving to attain an unattainable body. Core issues in eating problems include severe self-image distortions, lack of a protective ego boundary, and echolaic inability to communicate personal needs.

In this introduction I put forward the proposal that conceptualizing women's eating problems and eating disorders with the narcissism metaphors provides a narrative that allows one to visualize eating disorders as symptomatic of a self and a society that operate in dysfunctional confrontations. In, Chapters 5 and 6, I elaborate on the connections in the narcissism metaphor that illuminate the core issues of the eating disorders. In the following pages, definitions of types of eating disorders and issues with diagnosing and labelling are considered. Like with the above explication of narcissism metaphors that is necessary to an understanding on the focus of the argument, so is the importance of knowing what behaviors or phenomena involved when eating disorders are referred to in this thesis.

Definitions of Eating Disorders

When considering eating disorders from various theoretical models, especially the bio-medical ones that focus on the physiological aspects, there are several factors to account for. First, because there is a range of eating disorders that extend from compulsive eating or obesity to anorexia or bulimia, the range of explanations for each may be equally extensive. Second, that the range of explanations can affect how each eating disorders is compared to the others. Finally, the way that each is explained and evaluated against the other eating disorders can affect treatment approaches and research objectives. To illustrate the above consider the varying information on obesity and anorexia that follows.

Obesity is attributed to age, metabolism, habit, pleasure, stress, learning and hereditary predisposition (Bruch, 1957&1973; Carlson, 1986; Cappon, 1973 & Crisp, 1967). Obesity can occur due to metabolism changes as we age. Our metabolic rate decreases as we age, so we need to eat less. When one fails to eat less it is because physiological inhibitory signals associated with food consumption are not absolute (Cappon, 1973). Hunger and satiety signals can be overriden by habit or the simple pleasure of good-tasting food; and by stress reactions to positive or negative situations, Rodin (1977) claims that stress activates dopminergic neurons which in turn stimulates eating. Rowland and Antelman (1976) found that calorie uptake escalated to 129 per cent when rats had their tails pinched. Early experiences of learned overeating and the resulting increased number of adipose tissue are also considered as factors (Griffiths & Payne, 1976; Knittle & Hirsch, 1968; & Hirsch & Knittle, 1970). Family obesity is commonly named, although sorting out its learned and biological aspects remains problematic as with all nature/nurture issues (Bruch, 1957 & 1973; Brumberg, 1988; & Schwartz, 1988).

Anorexia nervosa has as its attributes, factors of age, hormones, fasting consequences, use of laxatives, hypothalamus abnormalities and affective disorders (Bruch, 1973; Sours, 1980 & Carlson, 1986)). In contrast to a diverse age range of obesity, anorexia occurs primarily in young women. This may be due to changes in a young woman's endocrine (hormones) status which alters her metabolism or to the neural mechanisms involved in feeding. For example, it has been found that the hormones, progesterone and estradiol, affect the food intake and body weight of lab animals and may correspondingly affect human females (Carlson, 1986, p. 475). Another often cited factor is the behavior of young women who have engaged in prolonged fasting and the use of laxatives that adversely effects the metabolism (Halmi, 1978 & Sours, 1980).

Leibowitz (1983) suggested that anorexia may be due to a derangement of the normal activity of the brain mechanisms that control feeding and metabolism. For example, a decrease in the noradrenergic neurons in the hypothalamus has been identified as affecting eating behavior. One other possible factor of anorexia is a link to adolescent affective disorders on the basis of a low-level of the neurotransmitter, serotonin, found in the hypothalamus. According to Alper (1986) research found that low serotonin levels lead bulimia or anorexia nervosa in adolescent girls. Interestingly, Alper (1986) also found that boys with low serotonin levels are delinquent and suicidal. While this is not a gender study per se, the reasons for the differential affects may be speculated upon as something to do with the different societal cues that are important in forming boys' and girls' self images.

As suggested above, it is difficult to identify and tease out primary factors involved in eating disorders; whether they are a biological concern of metabolism, hormones and the hypothalamus, or whether they are a physiological consequence of overeating or starving, binge eating or purging; has not been conclusively proven. To ease conceptualization in the varied and complex array of bio-medical models of eating disorders, I provide a brief summary of each eating disorder.

A great deal of research has focused on identifying and looking for causes of eating disorders. Generally, the dysfunctional eating behaviors have psychological and physiological aspects. Anorexia nervosa and bulimia are listed as the two most common types of eating disorders. Other serious but usually not as life-threatening eating disorders have been described as compulsive eating, overeating and obesity.

Anorexia Nervosa

According to the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition Revised criteria (American Psychiatric Association, 1987) a person with anorexia nervosa is skeletal in appearance and has shown a self-inflicted physical weight loss of at least 25% of original body weight, as well, there often is a cessation of regular menustration. Characteristic behaviors include abstinence from food and excessive dieting as well with many cases, excessive exercise. Anorexics show a morbid fear of body fat. The Latin translation defines anorexia nervosa as a "nervous lack of appetite", this is misleading because the sufferer is often hungry and struggles to control her appetite and obsession with food (Garner & Garfinkel, 1985; Levenkron, 1982; Long, 1987; Sacker & Zimmer, 1987).

Primary and secondary anorexia nervosa are two ways of clinically describing occurrence of associating psychopathology. The former describes only the physiological

characteristics, and the latter suggests accompanying psychopathologies such as schizophrenia or a depressive disorder. Two further distinctions used to distinguish the population are anorexics with bulimic behaviors of binge eating and self-induced vomiting and those without those behaviors (Calloway, Fornagey, & Wakeling, 1983; Fairburn & Garner, 1986; Long, 1987; Pyle, Mitchell, & Eckert, 1981; Russell, 1979; Sacker & Zimmer, 1987).

Bulimia

Bulimic individuals are more difficult to identify by body size and weight than are anorexics. Some bulimics with anorexia are skeletal-looking, while the many other bulimics can range from a normal size to slightly or significantly overweight. Many women are identified as bulimics by their pattern of eating behavior: episodic binge eating followed by self-induced vomiting and/or purging with directics, laxatives or ipecac. Bulimics are like anorexics in that they have a morbid fear of becoming obese; but are unlike anorexics in that they lack the anorexic's control over their food consumption and therefore fear not being able to control amounts eaten. Bulimics often become self-disparaging and depressed after a binge.

According to James (1989) both anorexia nervosa and bulimia have been described as both a syndrome and a symptom. As a syndrome each is characterized by a cluster of dysfunctional eating and weight-reducing behaviors. As a symptom each is diagnosed as secondary to other psychiatric diagnoses such as schizophrenia and depression (DSM III, 1980). The medical terminology of symptom and syndrome is extended in later analysis of socio-cultural and psychological features of eating disorders.

Compulsive eating

Lawrence and Dana (1990) suggest that compulsive eating behavior may represent a third serious eating disorder. Many compulsive eaters are not necessarily overweight, since they may control their weight with purging or laxatives. However the typical compulsive eater is overweight. If a compulsive eater is overweight she often psychologically suffers from attributing her size to problems with social identity and self-concept.

A compulsive eater is someone who eats more than she needs or wants to, not in response to signs from her stomach indicating hunger, but because she has confused physical and emotional cues. This behavior becomes a problem when she confuses an emotional need as a physical one and eats to fill a psychological emptiness and eventually loses all sense of genuine hunger.

Many anorexics, most bulimics and a large majority of compulsive eaters have gone through binges of excessive overeating. DSM III R (1980) describes binge eating by characteristics of food consumed, the eating behavior, and the resulting psychological feelings. The food consumed during a binge often has a high caloric content, a sweet taste, and a texture that facilitates rapid eating. The food is usually eaten as inconspicuously as possible, or secretly. The food is usually gobbled down quite rapidly with very little chewing. Once eating has begun, additional food may be sought to continue the binge, and often there is a feeling of loss of control or inability to stop eating. Eating binges may be pleasurable, but disparaging self-criticism and depressed mood will often follow.

There are other eating problems in which there is disagreement on whether diagnosing it as an eating disorder is appropriate. The following are a few of the eating problems that are noted in the literature but are not as clearly identified as an eating disorder: activity anorexia, developmental and reactive obesity, excessive overeating, excessive dieting and exercising, and thin-fat people. (Epling & Pierce, 1991; Kron, Katz, Gorzynski & Wuner, 1978; Wheeler, 1990; Orford, 1985; Bruch, 1957, 1973).

Activity anorexia has been described as a subcategory of anorexia nervosa, this type of disorder is the result of overactivity and food avoidance in which the two behaviors interact to reinforce the other (Epling & Pierce, 1991; Kron, Katz, Gorzynski & Wuner, 1978). These researchers described activity anorexia in the following way. An individual with activity anorexia experiences a change in their personality, refuses food or eats small amounts. The decision on whether or what to eat is determined according to the amount of exercise, it must be at least 2 to 3 hours a day in duration before one can eat.

Paradoxically the activity anorexic eats less as she gets more exercise although her body requires more. Epling and Pierce (1991) suggested that neurotransmitters like endorphins are released when a person exercises excessively to induce a feeling of fullness and contentment so that food is not desired. Wheeler (1990) who studied both male and female atheletes described a similar phenomenon. Eating disorder behavior begins on a behavioral loop, in that the positive feedback we get for a slim appearance reinforces a dysfunctional interaction of compulsive exercise and poor eating habits.

Obesity

A description of obesity was briefly reviewed earlier, however further discussion is required to clarify some of the issues and types of developmental and reactive obesity. Obesity might simply be described as a deviation of body build that is characterized by an excessive accumulation of fat. Obesity increases in incidence with age and seems to occur with greater frequency in women. Obesity in childhood or adolescence is difficult to control or treat. Obesity has been described as a simple problem of eating too much and exercising too little but has also been diagnosed as a pathology. Given a behavioral description, large percentages of inactive people who are 20-30 pounds over their ideal weight might be considered overweight but this label is relative to societal perceptions of fat, to body build and height variations as well as fat to muscle variations. Many approaches result in misleading and arbitrary definitions of obesity. A less confusing approach to obesity is to explain it as a physiological problem that relates several factors such as hormone imbalances, metabolic disturbances and excess adipose tissue, however this can only apply in obesity cases that occur due to these factors. Learned eating behaviors and emotional underpinnings have also been attributed to obesity, with this approach the focus is to consider the stability or instability of the weight. Bruch (1973) suggested that a stable stationary obese person whose weight has not changed significantly over time and whose weight gain has increased consistently throughout life may be functioning well. If such people have no health threatening reasons to reduce, they should not be pressured to do so. However, Bruch (1973) also cautioned that practitioners to note that instability in weight and weight gains may indicate accompanying physical and psychological issues and suggest a need for treatment.

Bruch (1957) also described categories of developmental or reactive obese persons and thin fat persons. The reactive obese group are those persons whose eating and inactivity are symptoms and defenses in response to upsetting events and show emotional counterparts of anxiety and depression. Bruch's (1957) description of the reactive obese

person is that their obesity often follows a traumatic emotional experience. This person would be one who uses "food as comfort and as a means of combating unpleasant circumstances" (p.247). For these people, overeating is a defence mechanism against stress and emotions and may serve a function in the individuals emotional life.

The developmental obese describes persons in which their obesity is linked to a whole process of growth and development. Bruch (1957) describes the developmental obese group which consists primarily of children and adolescents, as overly concerned with their size and weight and unable to tolerate frustration and delay gratification. This type of obese child is submissive and unaggressive. Bruch (1957) formulated the following statement on the psychological meaning for behavior in the developmentally obese child.

> The psychological meaning of obesity in childhood could be understood as a disturbance in the maturation of the total personality and as a somatic compensation for thwarted creative drives, whereby the total size of the body becomes the "expressive organ" of the conflict. It becomes clear why obese children show so much resistance against treatment, even if they suffer from the handicap of obesity and are anxious to lose weight. They are unwilling to give up the immediate satisfaction of eating; they fear even more the possibility of becoming small and weak (p.228).

Bruch (1957) also described the thin fat person. This last group include persons who have succeeded in becoming thin but still have all the hang-ups of their large former selves. They are fat people who don't show their fat. This group may well be one of the largest, as they include all those people whose excessive inner preoccupations on food and weight are similar to anorexics but of a lesser degree and without accompanying delusions that result from starvation. They are all those people who continually diet and are eternally obsessed with a thin form.

While Bruch (1957) described instances of obesity in which there were accompanying psychological problems; definitions and descriptions of obesity are difficult because of cultural relativity and because of variations in these mixed populations of obese. There is a mix of both well-adjusted and maladjusted populations fat people.

Classifying obesity as an eating disorder has been adamantly argued against. Wooley and Wooley (1984) question whether obesity should be treated at all for the following reasons: (1) obesity treatment is generally ineffective, (2) individual body sizes make classification difficult and arbitrary, (3) moderate obesity is not a health risk and (4) a fear that this stringent cultural standard of thinness for women may in fact lead to more

serious eating disorders. Wooley and Wooley (1984) cite research by Polivy, Hermann, Olmstead and Jazqinski (1983) that found a repeated connection between chronic dieting and binge eating. They argued that dieting leads to a weakening of natural physiological mechanisms. Wardle (1980) found that restrained eaters are more likely to crave food and go on binges. What these and other findings suggest is that the psychological and physical strain of the control of eating can actually cause more dysfunctional eating behavior.

One final group of eating disorders to consider is that of excessive eating, dieting and/or exercising. These all occur as symptoms of anorexia, bulimia, compulsive eating and obesity and also occur as problems in larger society. Orford (1985) suggested that many excessive behaviors, of which eating is one, can be considered as addictions. He proposed this thesis based on the numbers of people who are struggling with control of a tendency to overeat, undereat or overexercise. As well he contended that the hundreds of organizations that are mandated on the same principles as Alcoholics Anonymous, such as Overeaters Anonymous, suggest comparable problems exist. The members of these organizations adopt the philosophy that once you've got it, you've got it for life.

Continuum of Eating Behavior and Eating Disorders

One answer to the diagnosis problem with labelling an eating problem behavior as an eating disorder is to consider all the various eating problems and eating disorders on a continuum. In fact some of the research and literature have suggested that the range of eating behavior problems and more serious disorders should be conceptualized on a continuum (Lawrence & Dana, 1990). This conception has been used as means to break down clinical versions of anorexia, anorexia nervosa, bulimia, bulimia nervosa and activity anorexia. For example, Garner, Olmstead, and Garfinkel (1984) and Nylander (1971) placed a clinical or severe eating disorder which they described as life-threatening at the extreme end of continuum. Button and Whitehorse (1981) identified and described subclinical anorexia nervosa as a case in which the individual has many, but not all, of the symptoms of the clinical version. They would place this type of eating disorder less farther along the extreme end of the continuum. The continuum can also be applied to placing the less severe eating problems so that behaviors, body shapes and degree of life-threat can be considered as a part of the diagnosis.

Herman and Polivy (1984) developed a boundary model for the regulation of eating in order to account for physiological and nonphysiological determinants. Their model described hunger and satiety as separate processes and the forces that act on them as coming from both of the determinants. They extended their model to include physiological

and non-physiological limits of the dieter, disinhibited dieter, binge eater, anorexic and normal eater. This extension allows comparisons of these eating populations and for some commonalties and differences to emerge. Its main strength is to provide a semantic bridge from normal to abnormal eating so that they all can be treated by the same set of disciplines and rules. Brownell and Foreyt (1986) who studied a range of eating disorders argue against inclusion of obesity as an eating disorder because of a tendency to "blame the victim" for their eating syndrome when it might be a metabolic or related somatic type of disturbance. They suggest that the only rationale for considering obesity as an eating disorder is to encourage more interactive research. A continuum or boundary model can avoid damaging labels and simultaneously describe severity of the eating problem or disorder.

The reasoning based on a continuum model and the boundary model is consistent with my approach in that my review of the existing research may identify commonalties and exceptions in eating problems. To repeat my objective stated earlier, this approach addresses questions as to why the women's struggle with the eating disorders is more prevalent, and if there is a sexuality or gender vulnerability, why are not all women vulnerable?

Keeping the above goal in mind and the overall objective of this thesis which is to explore the dynamics of eating disorders as they pertain to physiological, social, emotional and psychological factors, the following Chapters 2 and 3 review a representative collection of bio-medical models, sociological models and psychological models on eating disorders.

Chapter 2. Physiological Aspects of Eating and Eating Disorders

In the following pages I describe the natural physiological components of eating and digesting. I then begin a review that discusses bio-medical approaches to eating disorders. The bio-medical research on eating disorders is extensive so I cannot begin to cover all the approaches but instead include a representative sampling. The following approaches were chosen for this bio-medical section based on an emphasis of physiological etiology and pharmacological treatment. These are the following approaches that will be discussed and explicated: hormones, hypothalamus, serotonin, metabolism- often with consideration on the basal metabolism rate (BMR), genetic predisposition, set point, stress and physiological reactions and addiction model. Some approaches included here may involve socialization or psychological components but the emphasis will be bio-medical in nature.

Eating as a Natural Body Process: Explaining Physiological Components

In human study, it is often helpful to have a baseline behavior by which to measure aberrant behaviors. Understanding is also enhanced by having a baseline conception of what happens to person when they are hungry and they eat. In the following section, I will outline some of the key factors involved in the physiological processes of eating and digesting. While not an expert in the area of nutrition and physiology, I will attempt to articulate the processes for ease of understanding of the reader and link it to my definition of an eating disorder: the general inability to respond to body signals of hunger and satiation.

Eating is a behavior that naturally occurs when one experiences hunger and the cessation of eating is a behavior that naturally occurs with satiety. Hunger and satiety are two natural regulatory mechanisms of the body. There are several physiological regulatory mechanisms that maintain the constancy of the internal characteristic of the organism in the face of external variability. One for example, is that a constant body temperature is maintained despite changes in the environment. Generally, all regulatory mechanisms contain four essential features: "the system variable (the characteristic to be regulated), a set point (the optimal value of the system variable), a detector that monitors the value of the system variable, and a correctional mechanism that restores the system variable to the set point" (Carlson, 1986, p.422).

Healthy ingestive behavior functions according to these regulatory mechanisms. They are characteristically identified as ingestive behaviors such as eating and drinking, since these are the behaviors that replenish the body's depleted stores of fluid and nutrients. However as there is always a delay between ingestion and replenishment, the ingestive behavior must also be controlled by satiety mechanisms so that we don't keep eating in spite of fulfillment. The body's satiety mechanisms monitor the need to eat or drink and stop it in anticipation of replenishment.

Hunger is considered the initial and primary instigator that leads to the start of a meal. It is produced by metabolic signals associated with depletion of stored nutrients. The detectors for these signals are located in the liver and brain. Later, satiety occurs and the meal is stopped by a number of anticipatory signals. The hunger and satiety signals that start or stop a meal are a complex of innate and learned responses. For example, when the food is familiar, the organism eats what it has learned to be a proper amount, based on the amount swallowed and on feedback from the digestive system by neural and hormone routes.

Carlson, (1986) explains:

> Ingestion of food is affected by many factors: characteristics of the available food, including its appearance, taste, odor, and texture: characteristics of the environment, including the presence of others who are themselves eating; and characteristics of the organism, including eating habits, the presence or absence of food in the digestive system, and the quantity of nutrients stored in the cells of the body (p.446).

Once the food has been eaten, the digestive process begins in the mouth, saliva and teeth which break down food , as well, taste buds and the olfactory receptors are stimulated during this process. Once the food has travelled down to the stomach further digestion of food occurs when acid and pepsin breaks food down into proteins or amino acids. Along with the acid action with food, stretch receptors and chemoreceptors in the stomach respond to the bulk and chemical nature of the food and send satiety type messages to the brain. Along the digestive route process the food empties into the duodenum (small intestine) for further digestion which then releases hormones that also communicate satiety to the brain. The pancreas, which is positioned below the duodenum, is another key player in the digestive process because it produces two hormones, insulin and glucagon, as well as other pancreatic enzymes. Insulin and glucagon are key hormones in the body's regulation of blood sugar levels and since blood sugar levels stimulate the hunger process and satiety process. As well, insulin helps the cells to take up glucose which is a principle source of energy for all tissue.

In order for glucose to be absorbed during the absorptive phase, insulin must be in the interstitial fluid. Insulin is stimulated by activity of parasympathetic axons that innervate the pancreas. This occurs when an organism begins to eat a meal, and conditioned reflexes cause the secretion of saliva, gastric juices, and insulin. The secretion of insulin then starts to prepare the animal for the absorptive phase of digestion that will soon follow such as when under the influence of insulin, cells begin to take up glucose from the food. This absorptive action causes the blood level of glucose to fall temporarily, which at least partly accounts for the stimulating effect that a small portion of tasty food has on hunger. This is because the food causes the reflexive release of insulin, which lowers the blood glucose level and increases hunger.

Carbohydrates in the food are broken down into simple sugars and proteins are broken down into amino acids. During the absorptive phase which occurs while a meal is being absorbed from the intestine these nutrients become the glucose which is the principal source of energy for all tissue, the amino acids which are used to construct peptides and the other proteins such as those needed for muscle tissue and fat which is stored in the adipose tissue. The hunger and satiety factors that regulate the starting and stopping are present during each eating episode however overall control of body weight entails more than the satiety correctional mechanism.

The ingestion of food also involves metabolic rates. Metabolic rates fluctuate according to diet, so that as an organism begins to starve, the metabolic rate declines to conserve energy and if the organism overeats and begins to gain weight, its metabolic rate increases and "burns off" some of the unneeded calories. The degree of metabolic rate and its fluctuations to diet varies among people but the basic process in response to weight is constant.

Further mechanisms affect hunger in reaction to a variety of stimuli, such as the presence of appetizing food, the company of people who are eating, or even the words, "its time to eat". People also may eat in the absence of a need for food such as when bored.

As mentioned above satiety has been identified as the process that stops a meal. Satiety is described as a slower rate of eating as a decreased reinforcing value of food occurs in face of nutrients. Satiety is signalled by receptors in the stomach which bond to nutrients in the food. The signals are neurally transmitted from the stomach to the brain from stretch receptors via vagus nerve and hormonally from the stomach's nutrients receptors to the brain. Receptors in the liver also respond to nutrients in the hepatic portal blood supply and send messages to the brain to cease eating behavior. Head factors also control satiety, these include vision, olfaction, gustation, and the somatosensory and

kinesthetic feedback possible from chewing and swallowing food. Satiety also results from learning as well: when organisms learn the metabolic consequences of food they will automatically regulate food that is familiar (Booth, Mather, & Fuller, 1982).

The brain's role beyond being the receiver and sender of hunger and satiety messages has been investigated and it has been suggested that basic ingestive behaviors appear to be programmed by neural circuits in the brain stem, which in turn, are subject to controlling influences from circuits in the forebrain (Leibowitz, 1983). What this means is that the hypothalamus is considered as playing an important role in ingestive behavior. The lateral hypothalamus has been attributed to hunger and the ventromedial hypothalamus has been attributed to satiety (Hetherington & Ranson, 1939). These attributions have been observed in studies that look at the effects of lesions or tumors (Halmi,1978). As well dopamines and epinephrine are two catecholamines in the hypothalamus that have been found to inhibit eating (Garrow, 1978).

The above explication of the natural physiological mechanisms of hunger and satiety give a starting point by which to consider deviant eating behavior. Eating problems and eating disorders show a deviation in relation to this natural body process of ingesting, digesting and establishing metabolic rate. As is considered in the following section in which I review each of the theoretical approaches, an approach that is applied to eating disorders is to look for answers in terms of normal bodily functions. This may be referred to as a bio-medical oriented model.

Bio-Medical Approaches of Eating Disorders

Hormones

Within the human body there exists a group of small capsules of tissue, the endocrine glands. These glands are distributed widely throughout the body; they differ from one another in their structure and in the nature of their secretions. The endocrine glands secrete directly into the bloodstream and are therefore called ductless glands or glands of internal secretion. They include the pituitary, thyroid, parathyroids, andrenals, pancreas, ovaries, testes, thymus, and pineal body.

The endocrine glands are intrinsic regulators of growth and development. They affect health through the process of secreting complicated chemical substances that are called hormones. Hormones are liberated directly into the bloodstream and in turn play a role in the human body as they initiate, regulate and control some of the activities of organs and tissues.

The functions of these hormones are diverse. They range from influencing the rate and pattern of growth and maturation to daily functions such as regulating the amount of water excreted by the kidneys. Of particular interest to the thesis topic is hormonal control of the processes by which humans digest foods and how the digested food is used to build blood, bone, muscle and brain tissue.

An imbalance or malfunctioning of hormones has been attributed to obesity, compulsive eating, bulimia and anorexia. In the following paragraphs is an account of Bruch's (1957) description of early hormone therapy used for obese children and adolescents. Next, recent research is noted that has identified further roles that hormones may play in overeating or undereating. The following should articulate the role of the hormones as well as to provide some insight how a limited bio-medical model can result in useless and sometimes psychologically damaging effects on obese persons.

Bruch (1957) describes early hormone treatments for obesity that were based on clinical thinking which diagnosed obesity as the result of a retarded glandular deficiency such hypothyroidism and hypopituatarism. Considering her account of these early treatments provides a historical sense of how understanding and approaches have evolved. According to the thinking of that time, these conditions suggested an underactive thyroid or pituary gland and predicted a smaller body or a late genitalia maturation, this condition was treated by hormone injections with no successful results except as providing a placebo for overanxious parents. Bruch (1957) cited contradictory findings by Jaeger (1821) who recognized a link between growth, size and obesity. He had found that fat children were usually very tall and advanced in their pubertal growth. However, despite Jaeger's (1821) contradictory findings, the retarded or glandular deficiency approach was maintained and its corresponding glandular therapy. Glandular therapy which is also described as the endocrine treatment for obesity, was administered to children and adolescents until as late as 1950's.

In contrast to early hormone approaches, hormones are considered not sole primary factors but key players in a number of weight regulating mechanisms. Hormones trigger cessation of eating and slow or speed up chemical reactions in response to food (Gonzalez and Deutsch, 1981). They affect the speed and efficiency by which food is converted to be used as an energy source. Bruch (1973) describes the metabolic role of hormones as the interaction of insulin and the adrenal cortex hormones with the growth hormone and other pituitary hormones to maintain metabolic equilibrium . Insulin's role is further elaborated in the following paragraph.

Insulin plays a role in the body in that it helps the breakdown of glucose, a major energy source. However, a simple insulin-glucose connection is never easily identified. For example, when the breakdown of glucose is defective a wide range of factors could be involved. It could be an overproduction of insulin. It could be due to slight innate weakness in the endocrine system or a consequence of continuous nutritional abuse. Some recent investigations which researched defective glucose breakdown identified the complex interaction of increased production and excretion of certain adrenal steroids, high level of plasma antidiretic hormone, lowered glomerulo filtration and reduced renal clearance of water and the decreased ability to excrete sodium (Bruch, 1973, p.31).

The above can be elaborated into a complex explication of insulin however as the main focus of this essay is to explore various approaches on eating disorders and not educate the reader on the finer and more technical aspects of hormones and other physiological mechanisms, I leave the above as is and refer the reader to more technical elaboration in Bruch (1973) or Schills (1990).

The key point to make with these hormone models is that there is a delicate balance of regulatory mechanisms which can be upset in cases such as when the proper amounts of glucose and insulin are off. This means that nutrition, stress, menstrual cycles, growth spurts and affective state can affect body physiology and in turn affect hormones. In short, there is a cyclic chain of interaction with hormones that can affect behavior and in turn be affected by behavior.

Individual hormones such as endorphins have been identified as a possible factor in eating problems. Endorphin has become known as the narcotic hormone that provides a euphoric drugged state similar to cocaine when released. Endorphins play a role in the eating disorder equation in that activity anorexic person has been known to get high on exercise and hence continue on the deadly cycle of overexercise and undereating (Wheeler, 1990; Epling, 1991). Developmental approaches to a hormone model have been helpful when explaining and treating eating disorders. For example, at puberty changes in endocrine status alters the metabolism and hence some of the neural mechanisms that affect hunger and satiety. Studies by Wade and Gray (1979) on laboratory animals have shown that the hormones progesterone and estradiol affect the food intake and body weight, extrapolations from these findings suggest the adolescent girl whose hormones are drastically affected during this period of growth may be physiologically motivated to abnormal eating or dieting.

Hypothalamus

The body is a fine balance of regulators that are sensitive to endogenous and exogenous factors. Awareness that the brain factors identified in the study of eating disorders operate in symphony of other hormonal and bodily processes is stressed so the reader recognizes that the following ideas explicate only a small fraction of eating behavior. Therefore, in considering the hypothalamus' role in the eating problem one must also remember that hormones are produced in the brain stem, so understanding hypothalamus functions involves a recognition of related hormones or endocrinological factors.

With the above caveat in mind, investigations into hypothalamus affect have identified lesions in the hypothalamus linked to some occurrences of dysfunctional eating or digesting. According to research, a lesion abolishes ingestive behavior because it interrupts hunger messages through the dopaminergic fibers that pass through the hypothalamus on the way to forebrain motor systems (Gold, 1973; Gold, Jones, Sawchenko & Kapatos, 1977). As early as 1939, Hetherington and Ranson found that lesions in the ventromedial nuclei of the hypothalamus in animals with overeating behavior and obesity. They explain the lesions role in obesity as interrupting axon synapses and in turn stimulating a high level of insulin and a low level of glucagon, thus causing the nutrients to be stored as fat and glycogen and preventing the utilization of food as a source of fuel. What this all means is that animals with lesions of paraventricular or ventromedial nuclei part of the brain must eat continually to survive. A key point to note here is that these lesions don't remove satiation and hunger signals, instead they alter the metabolism or the influence the relay of messages (Carlson, 1986).

Serotonin

Serotonin is an inhibitory neuro-transmitter substance that has received much notice and has been linked to problems with sleep, eating, aggression and depression. Serotonin affects the individual so that a neural inhibition in the hypothalamus is accompanied by a behavioral inhibition. Serotonin therefore is a substance that has neural and behavioral effects as opposed to lesions that are more commonly identified with neural and autonomic processes of hunger and satiation.

According to research, a low-level of serotonin was consistently found in the hypothalamus' of adolescents with affective disorders and of interest to this study inwomen' eating disorders, especially in female adolescents with anorexia. Alper (1986) reports that a there may be a link of low serotonin levels to suicidal behavior in adolescent boys and bulimia or anorexia nervosa in adolescent girls. The reasons for the differential

affects are not yet understood, but some experts suspect that it may have something to do with different societal cues that are important in forming boys' and girls' self-images.

Metabolism

Bruch (1957) describes a popular technique for treating obesity in children was to assess their basal metabolism rate which is often referred to as BMR. The BMR is measured by the patients total oxygen consumption. Bruch in describing the history of BMR testing and its use with obesity cases documented how the close association of heat production and body surface area led to the conclusion that surface area affects basal metabolism rate. The obese person's metabolism was assumed be slower because of a larger surface area of the body.

Bruch (1973) reports that the BMR approach is now based on other factors such as thermodynamics in that the obesity is considered the outcome of intake of energy source being greater than the output of energy, so the natural prescription for this problem is eat less and exercise more. Suggestion that metabolism rates may be hereditary has been forwarded based on the fact that anorexics have been noted for some metabolic differences from those of the normal population. Halmi (1978) cautions against this line of reasoning. He suggested that since the anorexic's prolonged fasting and use of laxatives affects metabolism rates, it makes it difficult to tease out the etiological hereditary differences from the consequences of anorexic behavior.

The body requires a certain amount of energy to maintain the body processes hence exercise is also considered an important part of the energy balance equation. Garrow (1978) noted that BMR falls with underfeeding. Orford (1985) explained: "This represents a rudimentary control system such that when energy supply is reduced expenditure falls, tending to protect energy stores form excessive depletion."(p.79). These facts are interesting to consider in light of the activity anorexic as described by Epling and his colleagues (1991) because one who exercises more and eats less lacks protected energy stores. Ultimately, important muscle and protein tissue instead of fat are depleted when the body does not maintain the energy balance equation.

Shils and Young (1988) attribute the basal metabolism rate to five influences: body surface area, thermodynamic efficiency of the body, the hormone thyroxin, the type of fuel (food) ingested and the type of activity in one's life. Given that food consumption and activity are conscious and not autonomic behaviors, this implies that one can train one's body to have either an inefficient or efficient metabolism.

Genetic Predisposition

Genetic models have been considered in explanations of several types of somatic and psychological problems ranging from cancer to schizophrenia as well as in obesity and anorexia. According to this approach, to have a genetic predisposition to an eating disorder is to be vulnerable to exposure and mitigating circumstances. There are problems with adopting this model to explain eating disorders, first there is little chance of substantiating hereditary claims because it is impossible to separate out the biological and environmental strands involved and second, the treatment is limited to avoiding exposure.

Bruch (1973) states that the case for hereditary in obesity continues to be made on the basis of indirect evidence such as its high family incidence. She disputes the notion that fat parents always raise fat children. She instead has found in her practice that not one of her severely obese and emotionally disturbed adolescents who had been through her psychotherapeutic treatment later raised an obese child. They had learned to avoid the errors of overemphasizing food.

Bruch (1973) admits there are rare cases that are inherited such as Christianson (1929) description of the progeny of two sisters who showed extraordinary universal growth, enormous appetite from birth on, and excessive deposition of fat. Five of the two sisters' seven children died within the first year of life. Griffiths and Payne (1976) obtained evidence that suggests that differences in metabolic activity are hereditary, so that the efficiency and speed of food digestion and energy conversion is inherited.

Obesity has been related to inheritability with more convincing results than anorexia nervosa, bulimia and other eating disorders. This suggests that physiological factors play a greater role in obesity than in the other eating disorders. However if a link between a genetically inherited large body shape can be attributed to excessive dieting and as a consequence vulnerability to eating disorder behaviors such as binge eating, starving and purging, then the key factor in the heritability of eating disorders may well just be one's body shape and psychological response to a societal emphasis on thinness.

Set Point

Continuation of the argument of the nature/nurture factors in obesity and thinness also hinges on the argument whether one is born with a ratio of fat cells and an ideal weight that one's body naturally returns to or if one develops that set point through eating behavior. Set point is generally described as a weight and level of fat tissue that one's body naturally returns to. It still remains unclear whether set point is a factor of heriditary influences or is determined by eating and exercising behavior. Some experts have noted that there are three developmental periods when body growth velocity is highest, hence

these may be times when the development of the percentage of fat cells or adipose tissue brings about their set point (Shils and Young, 1988). Interestingly, these growth periods occur during periods when a person would be vulnerable to overeating: the final trimester of pregnancy whereby the mother's unusual eating habits can influence the neonate's increased fat ratio, during the first two years of life and during adolescence (Shils and Young, 1988). What is of further interest to note, is that during these high body growth stages of infancy and adolescence, corresponding cognitive and emotional factors are operating at peak periods. The child's learning about self and world have been documented and seem especially paramount at these growth periods. These secondary factors may well affect eating and, in turn, this eating behavior will affect the set point. Another factor to consider in set point theory is that it is determined not only by periods of overeating but also by type of diet. This means that during these key growth spurts, a high fat diet will raise the fat ratio of the set point. Set point theory then explains a situation in which developmental habits as well as emotional influences that affect eating, impinge on natural body fat ratio. In contrast to these ideas, Nisbett (1974) maintains that there it is primarily heridiatry-biological factor that determines the degree of fatness in people.

Whether the set point is due to hereditary factors or due to habits during these three critical periods is unsettled, what is true is that the set point affects weight and diet control throughout one's life. Ley (1980) reviewed findings in which overweight people consistently regained their former weight despite continued dieting and that low weight people could not gain weight no matter what or how much they eat.

Stress and Physiological Reactions

Stress has been identified as a factor for overeating and for refusal to eat. Bruch (1957) described several of the young patients she treated who had started their overeating in response to a stressful family environment. Brumberg (1988) followed the history of several anorexic girls who had reacted to their family's excessive coddling and their society's constraints on females. Brumberg (1988) also found that starving behavior was often triggered after a traumatic event. She pointed out that even the most medical oriented zealots must acknowledge that environmental stress induces emotional arousal and the potential for corresponding neuroendocrine changes .

One stress explanation for anorexia nervosa, for example, is that psychic stress somehow interferes with the hypothalamic functioning and decreases eating behavior. Rowland and Antelman (1976) describe stress as a factor in the overeating situation, they found that rats whose tails were pinched during two daily sessions increased their caloric intake by up to 129 percent. Another possibility with regard to stress is that the poor

eating habits have put the body into a stressful position of hunger so that it will grab onto any food. Related to obesity, this means the body loves fat and hates being deprived of it, so it will grab onto any calories and convert them into fat. This type of regulatory mechanism may have a survival component to it, in that when previous generations were exposed to starvation they survived because of an increased level of eating following exposure. Also, in association with this survival factor, a female body must be able to withstand the stress and cold of a hostile environment. Fat helped her carry a baby to term and to lactate. Therefore, based on survival factors at the individual and species level, the female body is considered to be more effective at converting food to fat and storing it than is the male body.

Addiction Model

The addiction medical model is usually used to describe drug addiction or alcoholism. However, Orford (1985) suggests that excessive appetite or overeating can be conceived in this way also. This suggestion is based on the phenomenon of food craving resembling other addictions for stimulants. For some eating disorder persons their experience is like the state of addiction or dependence in which they are overwhelmed by an uncontrollable craving, and acquire a sort of habituation to overeating. The use of appetite suppressants and weight control by starving or binge eating is comparable to corrective treatments of addictions; for eating disorder treatment this could range from drugs that stimulate the appetite or that provoke unpleasant response to bingeing on nutrient IV's. Related to this corrective approach, Senay (1984) criticized a pharmacological approach that focuses on treatment by biological substrate because this supports the tendency to focus on symptom removal and prevention of relapse but fails to treat the syndrome.

Another parallel between addiction of narcotic substance with eating disorders are the secondary symptoms of severe personality disorders found and diagnosed in both groups (DSM III). While there are not universal cases of these secondary personality disorders in the groups, the conceptualizations and treatments for psychopathology that accompany drug and alcohol abuse are similar to ones used with eating disorder persons. For example the focus on ego psychology or on the will and self-control issues for drug and alcohol abuse (Berger, 1991) parallels psychoanalytic and feminist approaches to eating disorders (Bruch, 1978; Gonzalez, 1981; Brumberg, 1988).

Comparing eating disorders to drugs and alcohol addiction has its pros and cons. One major failing in the comparison, is that food does not usually imply the chemical dependency that is associated with alcohol and drug addiction. A benefit of applying this

model however is that eating disorders do share in some behavioral components. Another dimension which eating disorders may share with drug and alcohol addiction is the possibility of a genetic biological predisposition, in other words, if you become addicted whether it be to food or drugs, you must have had some other biological vulnerability (Goodwin & Gause, 1990). To support this final suggestion, research has identified some links of alcoholism and manic depression among families as preponderant among bulimics (Garner, Garfinkel, Schwartz & Thompson, 1982). Wilson (1984) cautions that prejudices against personality types perceived as addictive, could develop from this approach.

Berger (1991) analyzes and criticizes the medical model that places substance abuse etiology in a biological framework and seeks to relieve the symptoms as failing the whole point of the problem. Berger contends that there is a need to look at a more psychological model that recognizes and addresses the societal and developmental factors involved. Berger's analysis which focuses primarily on the problems with alcohol and drugs, suggests that a cultural and developmental awareness may uncover circumstances that promote addictive behavior.

There are several problems with an addictive model for eating disorders. Eating is a biological necessity and thus differs significantly from other addictive or appetitive behaviors. As well some of the pessimistic prognoses for addictions are based on chemical dependency yet the only known chemical dependency of the eating disorders is the anorexic's drive to starve which releases euphoric endorphins in the brain. However in light of the parallels found in the behaviors of excess and the consequential bodily damage incurred with them, a conceptual bridge between the addictions and eating disorders might help to direct research to more progressive and effective treatments. To reinforce the seriousness of eating disorders and the urgency for research the following are cited as a few of many studies that have identified associations between obesity and mortality. (Kaplan and Kaplan, 1957; Mayer, 1968; James, 1976; & Bray 1978).

A final compelling reason for considering parallels between overeating and other substance addictions is the negative outcome of diets. People are on a rollercoaster of gaining and losing weight all their lives and many seem unable to free themselves from the preoccupation with food. Recognition of a similar struggle among the addictions is apparent because there are now organizations for eating disorder people that parallel Alcoholics Anonymous. Their recovery, like the alcoholic, involves the acceptance that they have problem with control of eating which they may have to confront throughout their lives.

Generally addictive models describe how the body gets hooked and how it can be treated. Later in my discussion on the sociological factors involved I refer to Orford and Berger in order to review addiction in the context of social forces. The one problem with the addictive model is that it lends itself more specifically to explaining overeating and bingeing. Starving and hyperexercising would probably fit this model as well if the compulsiveness of the exercise and fear of getting fat were identified as addictive. However, as stated in the introduction, in looking at the complex of eating problems and disorders we may have to accept that there is a different set of factors that account for starving as opposed to those that account for overeating.

Conclusion on Bio-medical factors

The type of treatment for individuals with eating problems often depends on the approach that the physician or therapist adopts. So for example, the obese person may be told to eat less and exercise more in order to alter their BMR and lose weight; another obese person could be operated on to remove a piece of duodenum (intestine) or yet another may be advised to ingest appetite suppressants such as caffeine or amphetamines. Basically what the bio-medical model suggests is that symptoms of eating disorders can be controlled with medical or surgical intervention and medication.

For individuals who suffer from anorexia nervosa or bulimia, the bio-medical model would first address the life-threatening situation. Therefore the first step in many medical approaches to anorexia is to feed the body nutrients and in especially extreme cases, hospitalization and intravenous feeding are necessary. With bulimia it may be to treat the damage done to the gastro-intestinal tract from the bingeing and purging. The second step in the treatment would be to enhance appetitive behavior, with some bio-medical approaches this could involve the administration of neurotransmitters that would raise serotonin levels, since serotonin has been attributed with the affective component of the eating problem. Another option would be to check for and remove lesions from the hypothalamus which have also been found to affect eating behavior.

Anorexia nervosa, bulimia, compulsive eating and obesity are behaviors that often result in body dysfunctions such as metabolic disturbances. Eating disorders, are however more than a collection of physical problems. Because of other non-physiological factors, eating disorders don't simply go away with treatment and medication. Nor do they go away with diet and control. For some people, they are a bit like an alcohol or nicotine addiction, in that once hooked they know they are hooked for life.

The alarming fact that obesity and eating problems seem to be on the rise as well as the more severe eating disorders of compulsive eating, bulimia, anorexia, despite all the

diets, controls and medical treatments, suggests that the answers are not to be found at the bio-medical level alone and that there are other factors that have to be considered (Orbach, 1993). Many approaches to eating disorders have studied and identified the socio-cultural environment and the family as key players (Sours, 1980; Griffiths & Payne, 1976; & Rosiechuk, 1987). In the following chapter, I look at how socio-cultural models and theories are used to describe and treat eating disorders.

Chapter 3. Socio-cultural and Psychological Approaches

Introduction

Key factors in considering the social and psychological aspects of nurturing in female eating and food are the developmental needs and typical women's role as bearer of children and preparer of food. The infant develops physically, socially and emotionally when her parents feed her. Erikson (1963) describes related psycho-social needs such as security and love attained in the nurturing process that provide the child with a resilient self-esteem, a trait which is necessary for further exploration and individuation. Maslow (1968) described a hierarchy of needs that showed how basic needs of food and security precede all others. Mitchell (1973) summarized varying views on psychological needs that need to be fulfilled during infancy; as needs for affection, security, acceptance, self-respect, achievement, recognition, independence, and order. Overall these needs are considered necessary for the child to actualize potentialities. Essentially the early eating scene of nurturing interactions between infant and parent lay the foundations for a plethora of emotional development through fulfillment of the above stated needs.

Beyond the importance of nurturing and the representative power of food on the child; social eating behavior rules are also acquired. During meal times a child learns the rules of sharing, etiquette and conversation. Healthy and natural eating conditions should therefore provide not only for the biological needs of the child with food that replenishes her, but also provide opportunities to develop trust and to bond with parents and to learn social rules and interactions.

In this chapter I consider the nurture aspect of eating as I review and discuss the soci-cultural and psychological research and literature on eating disorders. In the first section I review some of the socio-cultural approaches used for explaining eating disorders. Next, I describe and discuss the psychological approaches. The key differences between the socio-cultural and psychological approaches is that the former focuses on the social influences acting on the individual. The latter recognizes on societal influences but also considers the individual acting and learning in the social paradigm. In both sections eating disorders are essentially understood as the antithesis of natural and healthful physiological and psychological eating. I have been using the term eating disorder and eating problems loosely so that reference to eating problems describes behavior that is similar but not as severe as that with eating disorders. In this way abnormal eating behavior and the cluster of associated symptoms behaviors can be considered along with a continuum conceptualization of eating disorders as posited in Chapter 1.

Socio-Cultural Approaches

In all studies on human behavior the effect of society on the individual has been evidenced in the development of the child's language and socializing skills. Philosophers claim that we truly only become human through socialization. Whether we are "Animal Loquens" as described by Ernst Cassirer (1976) or "socialized individuals" as described by Lev Vygotsky (1986), it seems clear that individual human thoughts, behaviors or emotions are in part affected by society. A predominant theme in socio-cultural models is one of society affecting the individual. The socio-cultural models, like the bio-medical models, are used to attribute and explain influences from a specific perspective. The socio-cultural models like all human nature explanations recognize interactions of personality, human nature, and physiological functions but focus on social aspects.

The socio-cultural approaches are useful to this thesis as they provide conceptual models by which to answer questions. First to return to the focus of the thesis: to study women's eating disorders. Why are women more prone to eating disorders? What is it beyond the female physiological factors such as a higher percentage of fat tissue that is involved in this eating disorder phenomenon? It might seem that the prevalence of women's eating disorders is related to societal conditions of affluence, pre-occupation with image, and promotion of consumerism and consumption. Both men and women are exposed to these conditions. Do women respond more than men to contradictions idealized thinness and provocative restaurant advertising? Ambivalent messages bombard one with conflicting messages "to eat" and yet "to be thin"? It is probably in such ambivalent messages that one's behavior, male or female, diverges from natural response to hunger, satiation or pleasure. Whether gender and sexuality issues are involved in this "desire-denial" complex in which one loses the ability to respond to basic biological hunger and satiety processes is unclear. However, as this study focuses on women's eating disorders, I do not address this issue or explore the male experience with eating disorders beyond illuminating gender and sexuality comparisons. As a reminder to the reader, this approach does not suggest that men do not have related problems, nor does it suggest that eating disorders occur devoid of gender and sexuality issues, rather this thesis focuses on women's eating disorders. Since eating disorders examined in a socio-cultural context note societal effects on the individual and the extent to which the individual mirrors or conforms to cultural messages, some of the gender and sexuality issues surface. This is essentially a socio-cultural analysis that studies the human social condition interacting on and with females.

Socio-cultural approaches describe immediate affects of family and peer and peripheral affects of school, workplace and economic or power structures of government and media. The approaches that I identify in the eating disorder equation include the following. The affects of ambivalence caused by mixed messages in one's society; learned helplessness or powerlessness in response to overwhelming environment; peer group behavior and conformity; and feminist approaches which identify socio-cultural factors that affect women.

Ambivalence

Ambivalence is described as the simultaneous attraction and repulsion to someone or something. Ambivalence is not gender and sex specific, both men and women can experience ambivalence. I describe ambivalence in a study on male teenagers and compare it with ambivalence apparent in women's eating behavior.

Moran (1970) and Lewis (1971) note that excessive behaviors may be one of the consequences of ambivalence. In addition, Moran (1970) suggests that compulsions occur in situations in which a person finds that her own behavior may be alien to what she values or believes in. Taking this line of reasoning, ambivalence towards overeating is a state the binge eater finds herself in: she is driven to eat compulsively although she is simultaneously repulsed and later punishes herself with various forms of self-aggradization. In the following paragraphs I provide an illustrative study that identified ambivalence in drinking male teenagers and then I consider comparable types of ambivalence that could make a female vulnerable to eating disorders.

To illustrate how ambivalence with eating can occur as a result of familial and societal pressure the following study of excessive drinking is cited below. O'Connor (1978) drew comparisons between ambivalent messages youths received with the degree of severe drinking problems. O'Connors (1978) study involved interviews with over 700 18-21 year olds plus separate interviews with their parents. From these interviews he identified the ambivalent messages such as strict parental intolerence for drinking that contrasted with peer permissiveness towards drinking. The youths exposed to the conflicting messages drank considerably more that other groups who hadn't been exposed to the ambivalence. While the O'Connor correlations are open to criticism because other factors may be involved and are not considered, his study illustrates how both positive and negative emotional attitudes can co-exist in relation to the same object or behavior.

Extrapolating from the above study for illustrative purposes, binge eating might be conceived as a situation in which there is the positive psychological drive to fill oneself up contrasted with negative physiological messages of uncomfortableness. Such positive and

negative feelings are similar to those in the description of the binge eater's feelings as described by Lawrence and Dana (1990) who eats more than she needs or wants to but can't stop herself and in the DSM III (1980) which describes the disparaging self-criticism and depression that follows binge-eating. Starving and purging may also be considered the positive drive to be thin which contrasts with an awareness of the physical damage to oneself.

Ambivalent behavior and thought goes beyond the binge or purge. A complex society such as ours that provides rich opportunities that clash with traditions lends itself to contradictions that can confuse one over roles and opportunities. For young women the ambivlence lies in the mixed messages from their families and communities. In the last few decades women have been exposed to slogans of achievement and performance. Opportunities abound for the woman who wants to pursue a career as well as be a wife and mother. Versions of supermoms are touted as success stories and young women are encouraged to make their own choices and compete with men. Overall these are positive steps for most women, however despite progress, it has also given rise to confusion for girls who were raised to define the role of woman as dependent and passive. The ambivalent situation then is one of a struggle between a rigid definition of feminity versus a pressure to be autonomous and successful.

Connected to the opportunity and achievement situation is the pursuit of aesthetic perfection. Aesthetic ambivalence can occur towards one's actual body size and an ideal body image. For example, as the female adolescent matures and acquires feminine curves, she is simultaneously bombarded with advertising that portrays "ideal thin beauties" this may lead her to connect success with thinness, so her natural rounding may affront her conceptions of the idealized body size and lead to desperate and damaging eating behavior.

One final message on ambivalence to consider here, is one that is related to development and the link that food has to security and nurturance. Stressful situations that elicit emotional needs of comfort and security are easily satisfied with food. However, consistent emotional eating may indicate that one experienced childhood eating experiences in which emotions and psychological needs were associated. For example, some women report that they grew to think of sweets as a reward for good behavior. Such childhood eating experiences may result in a later ambivalence because the eating remains linked to punishment or reward stress is managed with eating.

Ultimately ambivalence might be understood as the situation of choices between attraction and repulsion. Such choice seems easy, obviously one would prefer good eating and health. Choice is complicated by the internalized drives that move one toward both the

attracting and repulsing objects or behaviors. Psychological theory explains this "push-pull" situation as approach-avoidance. Lewin's (1951) field theory describes the choice resolution or decision-making process involving a cluster of many factors such as societal value of the behavior or the immediate, versus the ultimate rewards to a person.

Choice is not easy and life is never free from ambivalence, choices that may seem black and white seem to overlap into a confusing gray area of indecision. In the above paragraphs, I suggest the improved societal opportunities for women also imply some psychological conflict. Some women may struggle over a choice between what seems an affirmative lifestyle of success and the urge for conformity to outdated dogmas on restricted female roles. In part, the problem with all the opportunity and choices is that choices are difficult to make and there is a draw towards relegating decisions to another. Doestoevsky in The Brothers Karamozov articulated the appeal that strict dogma has an antidote against the angst of choice. Choice means responsibility. With the all above examples, ambivalence messages about self-image, food, and emotional satisfaction suggest, that in ambivalence, lies a breeding ground for a range of self-esteem problems with eating disorders being one of the possible consequences. In the next section human response to frustration is described to illustrate how frustration relates to dysfunctional eating behavior.

Learned Helplessness or Powerlessness

Seligman (1967) introduced the term "learned helplessness" to describe the defeatist behavior of laboratory dogs who had learned that they could not escape or alter undesirable and restrictive conditions no matter what they did. The conditioned learning was so pervasive that in even a later experimental situation in which the restrictive conditions were eliminated, the dogs stayed in the undesirable situation and made no attempts at escape. They had learned helplessness.

How does one develop a learned helplessness or a sense of powerlessness towards eating and dieting behavior? First, repeated unsuccessful dieting attempts can lead to feelings of failure and result in giving up. The hypothesis that the effects of unsuccessful dieting can lead to eating disorders was researched by Pyle, Mitchell, & Eckart (1981) who found that in 30 out of 34 cases, bulimia began after an overly restrictive diet. They suggest that it may be due to stress elicited from the fear of hunger and due to the faltering sense of control felt that leads to binge eating and purging.

To look at learned helplessness from a socio-cultural perspective the factors to focus on are societal pre-occupation on thinness and the individual attempts and frustrations incurred in the impossible pursuit of the ideal body-size. An ideal body-size is impossible for two reasons. First, no matter how slim or beautiful one is there will always be a

unattainable standard, and the body generally revolts against dieting. Each time the body is starved of nutrients it slows its metabolism and grabs onto any food. Essentially, diets are counterproductive to weight loss. In fact, diets have often been identified as a primary cause of diet induced obesity because of the inherent deprivation and the frustration cycles involved in dieting (Bruch, 1973; Shils & Young, 1988; Orford, 1985; Ominchinski, 1990; Schwartz, 1988).

The discussion on the effect of learned helplessness may be more relevant to the following psychology review I provide because it describes learning as one of the psychological factors involved in eating disorders. However it is included here to emphasize society's influence on the internalization of an ideal image and how the gap between one's ideal and actual body size can affect behavior and self-esteem. It outlines how learned helplessness develops with women who are vulnerable to external appraisal of their bodies and who realize that they lack power over important issues in their lives like their own eating behavior.

Aspects of learned helplessness or powerlessness in the individual may be attributed to dysfunctions in society . Unempowered populations have been identified who respond negatively with acts of violence against self and/or community to a world in which they have no control. This is evident in the individuals in the female community who starve themselves or endure wife-beating. This is evident in other groups in society as well. For example, Mitchell (1991) noted that in the adolescent and early adult community feelings of disempowerment surface with lack of opportunities for meaningful contribution and participation in society. Organizations that promote teen health and volunteerism have documented how teen's range of behaviors from destructive ones such as delinquency and teenage pregnancy can change given meaningful involvement found in helping others or having an effect somewhere in society to positive behaviors (Schine, 1991). To return to the female population, given meaningful opportunities women too should demonstrate healthful behavior towards their bodies. Instead their negative individual behaviors suggest how it is possible for societal factors of disempowerment to breed dysfunctional eating behaviors and eating disorders. To reiterate my objective in this study, society must be considered in order to tease out factors involved in women's eating disorders.

The above line of reasoning based on disempowering situations may suggest a conception of a society that teaches its females or youths that they don't make a difference. That is only half of a story, there are several examples of valuation of these individuals by society and there is also individual reaction to the stress of society's affirming and destructive lessons to consider. At this point it may be important to note the part the

individual plays in being vulnerable to feelings of powerlessness or to learning helplessness as a functions of society and self. What we need to do is look at examples describe instances when one functions in spite of a crippling situation and when one doesn't. In the following example we look at such resilient functioning.

Werner (1984) describes resilient children who function in spite of biological and societal stressors and she lists protective features within the child, family and society that enhance resiliency. In contrast to the features of resiliency are the opposite features of vulnerability. Considered from this viewpoint, the extent of society's influence on eating and self-image may well be regulated by one's innate and learned ability to distance the self from vulnerability to opinion. One type of this separation was researched by Frielander (1990) who tested links between difficulties with separation-individuation and cognitive-behavioral indicators characteristic of eating disorders. Using self-report measures from 124 college women, she found a link between their ability to separate self from opinion and their own thinking and behavior patterns. With eating disorders she suggests that the main vulnerability may be women's inability to achieve psychological separateness.

Aspects of psychological separateness that are described outside of the eating disorder research are relevant here. For example, consider Leite's (1979) description ofco-dependency. Leite contends that the inability to care for self is due to a boundary separation difficulty and a person dependency. "The boundary between themselves and others is so permeable that they cannot tell where they end and others begin" (p.48). The parallels between a lack of psychological separateness as described in the eating disorder research and the description of boundary permeability in the co-dependency research suggests a vulnerability to opinion so that learned helplessness and powerlessness seems to be a function of both nature and nurture factors in the eating disorder paradigm.

Peer Group Behavior and Influence

Adolescence is a period in which the peer group becomes an important socializing agent. Group pressures have tremendous effects on behavior and self-evaluation. Erikson (1963) describes this period of growth as a time when either role identity confusion or role integration occurs. Given that eating disorders and that eating or dieting habits develop during this period of growth, consideration of peer influences are important and necessary.

It seems that teenage girls and women share their dietary habits and concerns more than men do. Women's preoccupation is evidenced in their conversations and in the media. Listen to women's conversations or read the teen and fashion magazines and there will often be a reference to the latest diet or a comment on body size. In a recent visit to the magazine section of a store I noted five different issues that listed at least one article on diet

or body size (Chatelaine, Cosmopolotan, Teen, New Woman, & Family Living). I could find no similar type articles in men's magazines on that trip.

As food preparation has historically been the domain of the female, a degree of pre-occupation with food is expected. However, girls are also growing up with an abnormal pre-occupation with thinness and many have connected their self-worth with body image. In addition females have access to a population of female peers who reinforce such self-awareness about size, diet and who share innumerable ways to control diet and image.

The female diet and image concerns have been documented in several studies and accounted for in several different ways. For example, Mori, Pliner, and Chaiken (1987) noted that contemporary American women are more concerned about body weight, food, and eating than are men. They conducted a study to confirm their hypotheses on how women's concerns are demonstrated. After noting examples such as the Herman and Polivy (1980) study that found women weigh themselves more often than men; Mori and his colleagues (1987) hypothesized that women's heightened concern about weight and dieting results from women's and society's propensity to equate a woman's attractiveness and success with thinness. They cited several studies that substantiate their claims from Byrne, London, and Reeves, 1968; Centers, 1972; and Deaux & Hanna, 1984. Mori and his colleagues (1987) also noted from the research of Guy, Rankin and Norvell (1980) that women's dieting may be attributed to sex-appropriate behaviors. This study found that whereas both male and female subjects rated a normal-weight silhouette as most masculine, they judged a thin female silhouette as most feminine. These above research findings led Mori and his colleagues (1987) to conduct a study that considered how self-image and beliefs of other people's perceptions of feminine attributes can affect eating behavior. Mori and his colleagues (1987) hypothesized and found that women may eat less when motivated to present themselves in a feminine light especially when in the company of an attractive male partner. Mori and his colleagues (1987) base their hypothesis on Schlenker's (1982) analytic-identity theory of social-conduct and they concluded that the female subjects who were in the partner-aware condition (in that they had received feedback about their partner's estimation of their feminine or masculine interests) ate less when they had received masculine (vs. feminine) feedback. This finding suggests that females protected a feminine self-image with eating behavior even though other behaviors such as type of conversational style and body gestures may have been more relevant. This also suggests that their male peers affected female eating behavior so that it was socially correct, while female peers affected female eating behavior so that they would share overeating behavior and dieting behavior.

Rubington and Weinberg (1968) describe deviancy theory to account for behavior that involves breaking the rules. This description of deviancy theory might be extrapolated to explain the contrasting eating behavior of females when with male peers versus when with female peers. Both overeating and starving or bingeing have been identified as deviations from the normal eating behavior. Which behaviors occur seems to depend on one's relative identification with the peer group. Finding a group that shares one's behaviors reduces the distaste of deviation. In this way deviancy becomes more a matter of social definition. Groups such as Overeaters Anonymous provide group identification that is deviance reducing.

Peers affect not only eating or dieting behavior but also self-esteem and social confidence. Although children share in their love for junk food, they disapprove of fat friends (Nylander, 1971). Pervasive negative attitudes towards obesity develop young in life so that overweight children may suffer peer ridicule. Staffieri (1967) showed that fat person stereotypes are well established by the age of seven, he attributes this early prejudice to the negative adjectival attributes such as mean and lazy assigned to endomorph (rotound body shapes). Dwyer and colleagues (1967) reporte that obese girls had fewer dates and fewer other social activities, they even showed lower acceptance rates into high ranking colleges.

This section discusses peer effects on eating and dieting behavior, describes how societal expectations of thinness as a feature of feminity fosters limited eating and excessive dieting. As well, it noted the prejudicial attitude towards fat people that may begin to wear away one's self-esteem and social confidence starting at a young age. Along with the noted societal pressures and prejudices, another important factor emerges in the relationships of female peers who share in the agonies of eating and dieting. On the positive end of the scale, females provide each other with a diet-support system but on the negative side, their adherence to the diet and thinness pre-occupation reinforces a potential for destructive eating and dieting habits. The female peer effect normalizes dieting and may encourage eating disorders. It demonstrates that several factors are at play in promoting the eating problems. In the following section I describe alternative lines of reasoning that explore how the female has been adversely affected by underpinnings of a male-dominated society. These types of conceptions blame society for the diminution of female self-esteem and for the pressures on women to live the life of unhealthy behaviors such as obsessive denial and overeating.

Feminist Theory

In this final section of examining the socio-cultural factors in eating disorders, feminist thinking is considered as an approach that specifically articulates influences on females. Feminist thinking encompasses many approaches because it is an attempt to reformulate major human thought and philosophy. For discussion purposes, I have labelled this section as feminist theory to encompass the feminist thinking which best describes an awareness of societal influences that specifically affect women's lifestyles and thinking and to include some of the discussion on disagreements involved in feminist theory.

This section also presents some of the research and data on female's eating disorders as well as a range of arguments that surround issues of sex and gender factors. In this way, parts of this section do not conform to the criteria of theory as described by English (1958) who lists a definition of theory as a "general principle that is supported by considerable data, proposed as an explanation of a group of phenomena; a statement of relations believed to prevail in a comprehensive body of facts" (p.551). Instead in this section, I review and discuss a range of theories, data and articulations that express the feminist issues in eating disorders and related body-image problems that effect a range of behaviors of which eating is only one.

Susie Orbach is a psychotherapist who has treated women with eating disorders for over twenty years. After years of treating women she recognized a primary factor and coined it to describe society's effect on women. Her term "body politic" (1973) refers primarily to women's pre-occupation with dieting and body-image and identifies the poisonous influence of society on not only women's opportunities and but also their own self assessments.

Orbach (1993) develops her argument by describing the evolution of female thinking from the 70s through to the 90s. In the 1970s, private feelings about the self disguised the effect of society on the body, in other words eating problems were kept private. In the 1980s, personal and private problems started to be shared among women and the sharing was accompanied by a societal dogma of individual empowerment and control over self, women translated this type of message into a belief that they could be thin and that the only thing between themselves and thinness was self-control. Control was the key that would fix all their problems, and in this frame of mind, unrealistic demands were heaped onto the self to add to the existing societal pressures that were felt. Orbach's description of the 90s is, that now, the eating and dieting fascination has been supplemented by eating disorder awareness.

Orbach (1993) cautions that pre-occupation with eating disorders can be as destructive as dieting. Eating disorders, like dieting, imply adherence to a list of shoulds. Eating disorder awareness also alerts desperate dieters to effective although dangerous weight control measures such as purging, and the ingestion of laxatives and ipecac.

On a more positive note, Orbach (1993) sees that this new consciousness is finally allowing women to see their dieting problems in the socio-political context of body control. Women can now see that body-image is a gender issue that has been significantly affected by society. She hopes that this re-articulation will take the emphasis away from blaming the dieter or overeater for lacking control into one of accepting vulnerabilities and needs that are both emotional and physiological. As Orbach (1993) suggests it is time to consider that it is not just an individual struggle with eating behavior control and female empowerment involved with the "body politic" but a need to realize that the society's image of women had been internalized. Women need to recognize that what we think of as a voluntary diet and control of eating behavior is actually conditioned behavior in response to a potpourri of ambivalent and confusing internalized messages about women's bodies.

Women have been conceived of in various ways throughout history, however a predominant theme is the contrasting personna of women as madonna and a temptress. This type of thinking has led to a consideration of women's body as both a weapon and a wound. It also lends itself to conflicting set of messages of woman as the feeder of the family who encourages her children's eating and discourages her own eating ; food is off-limits if she is to attain or maintain a temptress personna.

Orbach (1993) along with other feminists such as Morgan, Woodman and Friedan believes that women must begin to read eating problems like text. She suggests that when women can begin to have their own language and history and thus decode what food and eating is to them they will escape the rut of societal conformity and destructive eating-dieting cycles. Orbach (1993) claims this awareness has not yet been reached and cites the present state of the beauty and diet industry as grossing 33 billion a year from women who are still in a "diet, food-obsessed, body-satisfied state", and she further speculates that in this century, up to eighty per cent of all women have engaged in some form of dieting or food denial.

Today dieting means a fear of food, deprivation, fear of appetite and compulsive or guilty eating. Orbach (1993) suggests that a connection should be made between the psyche and the body. In a sense, this breaking free from the diet prison means approaching food differently, perhaps recognizing that fat has served as an unconscious need of protection from a thin state of what might seem to be non-existence.

Bruch (1973) describes excess weight and overeating styles that actually serve one with a set of protective defenses so they can function in stressful situations. In fact, her therapeutic approach is not to encourage dieting if one's extra pounds and the comfort gotten from eating are all that stands between the functioning and a breakdown. In a similar manner, Orbach's ideas might be interpreted so that breaking free from dieting means forgiving oneself when one binges and recognizing the emotions and vulnerability that led one to binge. Emotions that send one to the refridgerater can't be denied, but what needs to happen is a move towards expressing feelings in other less destructive verbal and non-verbal behaviors. Orbach's feminist stance is a call for female self-empowerment articulated in language that describes the real factors of a female eating and dieting problem. Orbach's approach is similar to Paulo Freire's (1970) philosophy because they both describe language of the people as empowerment and lack of language as a tool for societal oppression by the oppressors.

Self-image develops with maturation and with social experience. Kolodny (1987) wrote the book, When Food's a Foe, to reach the female adolescent reader who is vulnerable to eating disorders because of the importance she places on self-image, body-image, self-perception. All of these 'self-preoccupations' can affect her self esteem and the way she defines the self and sets her goals and aspirations. Kolodny (1987) further suggests that one's body-image is changeable and reflects one's personal comfortableness with individual size and dimensions. When a teen's self-image contradicts an ideal-image is reinforced by family, peers and media her self-perception and self-esteem usually suffer.

Kolodny (1987) cites how the Stunkard, Sorenson, and Schulsinger (1980) study was adapted to test college students at the University of Pennsylvania . The objective was to demonstrate differences between ideal body-image and actual self-perception of image. Over one hundred male and female students were instructed to chose a body type (from a group of nine bodies that range from skinny to fat), which best described their bodies and the one which matched their ideal. Male students' body choices consistently demonstrated a realistic match between their actual size and their ideal size. Furthermore, their own perceived body type matched their perceptions of the type found most attractive to the opposite sex. Females, however, demonstrated a distorted self-perception of their body image by consistently choosing bodies that were smaller than their own. They wanted smaller bodies for themselves and felt that the opposite sex was more attracted to smaller bodies. Kolodny's approach differs from Orbach's approach because he demonstrates body-image factors and suggests self-esteem to explain why a young woman internalizes

the belief that a thin body is more attractive but does not consider how this belief and societal beliefs reinforce a diet mentality in the female population.

There are the differences between Kolodny and Orbach approaches and a brief statement on the rationale for considering them might help the reader to follow my line of reasoning and their inclusion in this section. The range of research on females' eating disorders is extensive as is demonstrated in this literature review. Overall these findings reveal degrees of societal effects on females, a survey that includes both research that cite findings such as Kolodny does and argument such as Orbach does, whether feminist in philosophy or not, ultimately adds to the body of facts that can substantiate feminist explanations.

Appreciating the extent of societal affects on female eating disorders is also possible by considering the numbers of young women involved in eating behavior problems. Several research projects have considered factors that could explain the prevalence of female adolescents' or young women's' eating disorders. Wooley & Wooley (1986) suggest that the prevalence is a desire for the thinness which is symbolic of the strength of liberated women. Correspondant to this is that young girls are now expected to be more like boys in their assertiveness and achievement motivation. For some girls these expectations may also mean maintaining the physical look of a boyish body, a difficult task given the maturing female body seldom remains boyish-looking.

Several research projects cognizant of the female identity issues involved with body type have studied the connection of the occurrence of eating disorders with adolescent self-image and social functioning. Brooks-Gunn, Warren, & Garglinlo (1987) conducted validity studies that surveyed girl's pubertal studies and consistently found that dating relationships and girls' perceived popularity were reported as a factor of "boyish" body type and physical attractiveness.

Johnson & Maddi (1986) identified biopsychosocial perspectives in the etiology of bulimia in adolescents by administering a body image scale from the Self-Image Questionnaire for Young Adolescents (SIQYA), which was evaluated for reliability and validity by Peterson, Schulenberg and Abramowitz (1984). This body-image scale tapped into the role that adolescents' affective and social life play on their body image. Peterson and colleagues (1984) found that personality factors such as perfectionist strivings, feelings of ineffectiveness, depressive symptoms and self-regulatory deficits surfaced in cases of bulimic adolescents. Considering these findings on personality factors in light of a feminist explanation, one might conceive a large part of the personality factors identified as consequences of societal expectations on females.

The problem with attributing nurture over nature factors with any socio-cultural type approach, is that it is impossible to separate the two. Some argument against this "sitting on the fence"attitude is that eating problems and disorders occur in the female population more consistently than in the male population, so differential gender treatment can be definitively identified. A counterargument, however, is based on a question of how much of the gender differences are in fact sexuality differences. For example, is there a female personality that differs from a male personality irrespective of societal influence. It may be that the degree of gender and sexuality issues involved in eating disorders are more a function of the political stance of different types of feminist approaches to explaining the phenomeon. In the following paragraphs I discuss and consider the various "militant feminist" perspectives.

Wolfe (1990) could be described as a militant feminist because she contends female problem as being the result of the "beauty myth" that was developed to suit the needs of a male dominated society. She describes how women submit themselves to starvation and plastic surgery so that they can fit some unrealistic ideal beauty image. Wolfe (1990) further argues that male society imposes the beauty ideal standard on females as a way of controlling the extent of their power in the economical and political circles. Frieden (1963) and Wooley and Wooley (1986) are like Wolfe (1990) in that they consider social forces responsible for creating circumstances that lead to women's distorted self-images and/or eating disorders. Greer (1984) describes society as the "social body that constrains the way the physical body is perceived"(p.121).

The one problem with a militant feminist explanation is that while it explains the eating disorder prevalence, it does not explain why all women aren't plagued with forms of this self-defamation. Paglia (1991) rejects a "victimization" explanation for women on the basis that it further destroys their sense of self-worth. She suggests that women are not merely "pawns" (as described by Decharmes, 1971) in a tough world; but instead can make core decisions with recognition of the world for all its prejudices and problems and an attitude to make the best of it. Yu Tang (1937) a Chinese-American philosopher, attributes the female's problem to an acceptance of North American lifestyle "women unconsciously accept the 'sex appeal doctrine' and starve themselves or submit to massage or rigorous discipline" (p.180).

Critical essays have conceptualized female body and image, which for women with eating problems is a key issue. Ortega y Gasset (1987) discusses why women are pre-occupied with their image. According to him "it is [because] women's destiny is to be in view of man" (p.133) this reasoning suggests a natural vanity. Simone de Beuvoir (1952)

writes that women can love themselves as objects in the way that men love them for their bodies. In this way, de Beuvoir describes the fascination of the female personality is it's narcissism and women who recognize their power in their beauty, pamper and adorn it.

> The adolescent puts away her dolls. But all her life the woman is to find the magic of her mirror a tremendous help in her effort to project herself and then attain self-identification. In woman particularly, the image is identified with the ego. Handsome appearance in the male suggests transendence; in the female, the passivity of immanence; only the second is intended to arrest the gaze and can hence be captured in the motionless, silvered trap. Man, feeling and wishing himself active, subject, does not see himself in his fixed image; it has little attraction for him, since man's body does not seem to him an object of desire; while woman, knowing and making herself object, believes she really sees herself in the glass. A passive and given fact, the reflection is, like herself, a thing; and as she does covet female flesh, her flesh, she gives life through her admiration and desire to be the imaged qualities she sees. Mme. de Noailles who knew herself in this respect, confides to us as follows: I was less vain of my intellectual gifts, which were too vigorous to be doubted, than of the image reflected in my oft-used mirror.. Physical pleasure alone fully contented the soul. (de Beauvoir, 1952, p.594).

de Beuvoir sees the natural objectification of the female body by females occuring because it is in human nature to respond to beauty. Objectification of the female body suggests that love is blind to anything but beauty. Walsh (1991) describes objectification as a evolutionary reproductive strategy in that visual stimuli are sexually exciting for males and are the basis for attraction to females. Females, in turn, respond to and use this fact of male nature to their advantage "to attract a desirable male and get to use sex to get money, status, prestige and power" (p.232). Writers such as Wolfe (1990), Frieden (1963) and Morgan (1984) all have reacted strongly against this objectification of the female body and consider it the root of female maladjustment between a real and ideal self-image. Fromm (1974) describes our era as one of consumerism, extrapolation of his ideas suggest that women's problem is that in a consumerist society, the female body is big business.

Film and fiction serve to illuminate some feminist explications of the experiential aspects of unusual eating behaviors that occur in response to intimate relationships. Atwood (1973) in the Edible Woman tells a story that parallels the consumption of food with a felt consumption of self. Atwood's female heroine refuses to eat food. She sympathizes with food which she animates with all the rights of existence and expression

that she feels she should have. This is a created fantasy; however, it effectively symbolizes a world in which women consume the food and the world seems to consume the women.

Recent films such as Eating and The Famine Within have also illuminated social influences on eating or dieting behavior. The former tells a story of a women's luncheon in which a range of crazy eating behaviors and corresponding versions of women's screwed-up self-esteems are dramatized. The latter is a documentary on severe eating disorders as well as a commentary on societal affects of the thin-model ideal and diet-mentality prevalence. Both films suggest that an emotional relationship exists between food and women. The films and Atwood's book capture the sense that for many women, food is emotion that smells good.

Thus far this section on feminist theory has articulated some of the factors that induce women's pre-occupation with their image and the consequential eating and dieting behavior. Feminist theory has identified factors that adversely affect women. Feminist theory has often been considered confrontational because of a focus on the persecution of women's body and psyche. This approach can leave one with a sense that women are victims. Paglia (1991) who doesn't write on eating disorders but does address image and female power issues suggests that instead of claiming that society has "done women wrong" that women should refocus issues on the strength of their femaleness. This approach is a slightly like Orbach's because both writers propose that females must learn to articulate needs and face problems squarely.

A "valuation of femaleness" approach has been developed in the psychoanalytical and Jungian approaches. These have stemmed from the analysis of myths and dreams for symbols and the identification of early matriarchical model societies which demonstrate how females were empowered for their generative function in society. In the following paragraphs I outline some of the literature that describes the eating problem and other female problems as a lack of appreciation for the "female self" within the individual unconscious.

Woodman (1980) in a study that compares character features of anorexics, obese and repressed females interpretes her findings to describe these women as those who lack voice and power and who are unable to make the passage from childhood to womanhood. Woodman (1980) suggests that the rejecting of their own maturing bodies results from the progressive loss of the feminine in our culture. Addressing the eating disorders, Woodman recognizes that mastering the hunger drive with ego control is the way to recovery for the anorexic or obese woman; however she also asserts that only when a woman's ego is firmly rooted in her own feminine feeling can she be released from her compulsive

behavior" (Woodman, p.33). In contrast, Spignesi (1983) cautions against glorifying the female and the womb and suggests instead an avoidance of dichotomies that could imply a hierarchy between male and females.

Woodman further describes a weak ego that can occur by cutting off oneself from the mainstream of life through severe dieting. It is built on negative rather than positive need. It is so removed from reality that in a real life crisis, the ego may fail to operate in conscious awareness of own needs. Ultimately Woodman contends that the woman who starves herself or overeats is repressing her emotions. She needs to find her psychological femaleness through the archetypes of Eve and the Virgin Mary. Advocating female awareness is considered an essential step to overcoming a range of female illnesses of which eating disorders is one. For Woodman, the societal effect on the woman is filtered down into the social context of family and from society through mediums of history, myth and religion. Eating disorders are more than simple biological oddities they are the expression of a repressed feminine society.

Brumberg (1988) gives an account of anorexia nervosa occuring in a long line of women and girls throughout history who have used control of appetite, food and the body to communicate their symbolic language. According to Brumberg, the meaning of food differs for each era and it is therefore necessary to consider societal impact when trying to make sense of eating disorders. For example, by the 19th century, reasons for self-imposed starvation changed from an aesthetic or religious statement of earlier centuries into a pathological response to powerlessness or political statement of rebellion. Today reasons for self-imposed starvation seem most often triggered by media and its idealization of body image.

To summarize, the key feminist perspectives generally describe how society affects women. Some speculate that the eating disorder is primarily due to an unjust male society overwhelming the powerless woman. Woman's overeating or refusal to eat is the somatic voice of protest. Other feminist approaches conceptualize an integrationist model for women's eating disorders so they are considered in light of individual female behavior responses to social experiences. The interaction of self and society occurs at the biological, sociological and psychological level. Brumberg (1988) aptly described the eating disorder as real physical consequences resting on a complex web of interactions. To make her point she quotes Charles E. Rosenberg (1962) who articulates his position in a pioneering study of cholera in the nineteenth century: "A disease is no absolute physical entity but a complex intellectual construction, an amalgram of biological state and social definition." (Brumberg, 1988, p.7).

Conclusion on Socio-cultural models

The research, theoretical models and arguments included in this essay represent some explanations that have been used to address and articulate the problem of eating disorders. The emphasis on societal effect on the female occurs at the level of internalized messages that create ambivalence towards self, eating behavior and others. Society teaches powerlessness to some individuals so that control of their own destiny and defenses against opinion or internalized societal opinion is reduced. The affects of peers were considered in light of the pressures to have an ideal shape that in turn affects self-esteem, popularity and dating. Feminist theory was also considered as an approach that described the influence of a male-dominated society on the female eating behavior. In the next section, psychological theory approaches to eating disorders will be considered. The psychological approaches overlap with aspects of socio-cultural models because of the inseparable interaction of society and individual. What makes the following section unique from the preceding ones is that the focus is on individual factors of personality and subjective interpretation and reactions of individuals to self and society.

Psychological Approaches

As stated above the psychological approaches overlap with aspects of socio-cultural models because of the inseparable interaction of society and individual. However their focus is more specifically on the cognitive and emotional aspects of the individual in relation to self and society. The following approaches are reviewed and discussed: the learning theories which include behavioral and social learning approaches and psychoanalytic theory which include Freudian and Jungian approaches.

Behavioral Approach or Learning Theory

One of the foremost researchers and theoreticians on learning theory was B.F. Skinner (1953). He held that all behavior is a function of learning. His ideas on the aspects of learning theory are used here to investigate normal eating behavior and the development of abnormal eating behavior. Some of Skinner's core concepts are extrapolated to describe how the individual learns to associate food with comfort and security through a process of one of the following learning situations: discrimination and generalization, stimulus generalization, tension reduction and reinforcement schedules. Following an explication and rationale for inclusion of this behavioral section, learning situations are described and discussed as they relate to eating disorders.

Rationale for Behavioral Approach

Skinner has received mixed reactions, many of them negative, over the years because people object to ideas that suggest that man is not the master of his own destiny but determined by the environment in which he is exposed. Skinner (1953) has argued persuasively for a rational attention given to behavior and environment when trying to understand human behavior. Although much of this argument does not directly address eating disorders per se, understanding his reasoning lends itself to later understanding the behaviorist or learning theory approach to eating problems. Generally, in this approach society is not perceived as the Orwellian "big brother" who overwhelms the individual to become a victim of societal influence, instead society is a teacher to one who naturally learns.

Skinner (1953) contends that we must assume that behavior is a lawful and determined reaction that is specific to a particular set of conditions. From this stance, Skinner goes onto to criticize the state of scientific thought as being confused because of its differing conceptions of man: spontaneous and responsible, inner determination not complete and thus cannot be held responsible for behavior, and common man considered a product of his environment, yet personal credit given to great men for their achievements (p.8). Overall, Skinner identifies a conflict in that a scientific conception of human behavior dictates one type of scientific practices, and a philosophy of personal freedom dictates another. Skinner (1953) describes some of the resulting problems born of such conceptual dichotomies and that explain behavior, in terms of one's somatic structure. "The jovial fat man, Cassius with his lean and hungry look and thousands of other characters or types thoroughly embedded in our language affect our practices in dealing with human behavior" (p.25)

Skinner (1953) is critical of this approach because it is not always clear which causes what. Are fat people jovial because of competitive techniques used to compensate for a physical disadvantage or are jolly people fat because they are free of repression of their needs? Obviously in our study of eating disorders we have not considered the fat and happy person but instead have looked at abnormal eating behavior as indicating a pathology that would lend itself to less jovial natures, but Skinner's example illustrates how somatyping doesn't really tell you anything about the person or the behavior. Another approach is to say that someone was born that way, Skinner agrees that there is a genetic component to behavior but since it can't be analyzed or controlled in experiments on behavior it allows little understanding of behavior.

Skinner (1953) concedes that there are inner descriptions of behavior such the nervous system and psychic inner causes. He suggests that this is apparent in that "the

inner loses his appetite, the outer stops eating. The inner man wants and the outer gets. The inner has the impulse and the outer obeys" (p.29). Skinner goes on to claim that there is often erroneous thinking on the conceptualized inner causes:

> The commonest inner causes have no specific dimensions at all, either neurological or psychic. When we say that a man eats because he is hungry, smokes a great deal because he has the tobacco habit, fights because of the instinct of pugnacity, behaves brilliantly because of his intelligence, or plays the piano well because of his musical ability, we seem to be referring to causes. But on analysis these phrases prove to be merely redundant descriptions. A single set of facts is described by the two statements: "He plays well" and "He has musical ability." The practice of explaining one statement in terms of the other is dangerous because it suggests that we have found the cause and therefore need search no further. Moreover, such terms as "hunger," "habit," and "intelligence" convert what are essentially the properties of a process or relation into what appear to be things. Thus we are unprepared for the properties eventually to be discovered in the behavior itself and continue to look for something which may not exist. (p.31)

Skinner's primary complaint with an approach to explain inner states is that we cannot account for any behavior with focus on the inner without first considering the forces operating from without.

Skinner (1953) describes two types of learning that can be measured and handily uses examples of feeding and drinking so that these can be considered in the context of our eating disorder analysis. First, Skinner describes the type of learning that characterizes classical learning. Classical learning is based on the pairing of a drive with a satisfaction of it. One famous example of this is Pavlov's (1927) experiment with his dog and the triggering of the dog's salivation in response to a paired stimulus. Pavlov's experiment demonstrates that the body can learn to expect a stimulus and respond without conscious control of that response.

A second type of learning that is less based on the reflexes but more on the response is called operant learning. This learning is attributed to reinforcement resulting from behavior. In Skinner's famous pigeon box, the pigeon was rewarded each time its response approxiamated the experimenter's wanted behavior. Eventually the pigeon learned which behavior would get him what he wants: food pellets. Considering learning in this context, behavior must have a payoff in order to continue, similarly, behavior becomes extinguished in the face of no such reinforcement.

Human behavior is affected by the schedule of reinforcement. Because one is not always in control of the reinforcing environment, reinforcement is therefore variable. Because one never knows when behavior will be rewarded, one may continue such behavior indefinitely. Reinforcers can also be paired. Consider, for example, how one is simultaneously reinforced by praise from mother (emotional reinforcer) and the pleasure of eating (physical reinforcer). Eventually links between the emotions and food can become established so that either a need of hunger or of comfort may elicit eating behavior.

Skinner's concepts on learning are easily applied to aspects of eating. Eating behavior can be classically conditioned so that our autonomic responses take over at the suggestion of food. Eating is a behavior that provides positive reinforcement by way of satiation and emotional reward especially since it is paired early in one's life with other reinforcers such as nurturing, security, love, fullness and pain. Overeating elicites punishment: physical punishment when the stomach hurts, and emotional punishment if one fears fat. Food denial is a also form of punishment because one desires food but denies the urge. Food is negative reinforcement because eating reduces emotional and physical hunger. In short, several of Skinner's concepts can handily be applied to explanations of eating behavior. Before I focus on social learning, that describes more directly the extent one learns from society and culture, I first want to explore further concepts in learning theory that apply to eating. First, there is the association of food with comfort. From this "food-comfort" association stems aspects of how these associations can affect eating behavior. Discrimination and generalization are two concepts that can be applied to understanding control of eating. Discrimination means that one has learned that moderation is acceptable and that there is a time and place for eating. Generalization is the antithesis of discrimination because it suggests an inability to eat within the confines of normal expectancy. Stimulus generalization is a condition in which one eats in a great variety of situations and thus learns to feel discomfort whenever food is absent. A treatment for this type of reasoning then would be to advise the patient to confine eating to set meal times and to not pair eating with other activities such as reading, working and watching television. (Orford, p.188). This approach is now being advocated by a dietitian who has successfully organized eating programs that encourage attention given to each bite of food (Omichinski, 1992).

Tension reduction is seen by Kaplan and Kaplan (1957) as the psychosomatic components of obesity. This is based on the assumption that emotional tensions such as loneliness or worthlessness could be conditioned by association in childhood with feelings of hunger for food. "A person might feel hungry when tense. In addition feeding might be

associated with relaxation or tension relief, and hence food might acquire extra reinforcing properties in addition to hunger-reducing reinforcer" (Orford, p.133). Of particular interest in their explanations is the suggestion that there is probably a physiological incompatibility between eating and anxiety, so that eating may have both the physiological and psychological property of diverting attention from an unpleasant emotion. Orford (1990) does not cite research that has indicated this phenomena but it would be interesting line of reasoning to consider.

Another concept, habitual and affectless eating, may fit with this line of reasoning. According to this idea, people will eat in an increasingly and more generalized way with decreasing awareness and with increasing dependence on secondary rewards. This concept initially postulated by Hunt and Matarazzo (1970) on smoking illuminates the experience of a food binger who is eating without really being aware of what she is doing and tasteing. She responds to the secondary reward of a feeling of fullness, not the primary rewards of satiation or the associated emotional rewards. Because of her deadened response her anxiety and self-aggradization can only occur once the eating binge has ended. This describes a misattribution of meaning to internal psychological states, so that feelings of fatigue or tension might also be confused and signal a need to eat. Hence, when emotional arousal occurs it is reinterpreted in terms of need, desire and craving.

Another aspect of learning theory that was referred to earlier, is that reinforcement schedules may play a part in the eating behavior of individuals. The main factor here is if a young child is fed on a reinforcement schedule that has nothing to do with hunger and more to do with emotions later responses to emotions will be with food.

Social Learning

The above themes considered under the learning behavioral approach are in essence a part of social learning, since most learning described occurs within a social context. However, whereas the learning theory uses terms of learning or behavioral theory, social learning explains the concepts in terms of society (Bandura, 1979; Schmuck & Schmuck, 1982)

Orford (1985) suggested that when considering social learning theories the key point that needs to be focused on is the opposing nature of inclination and restraint. This means that a behavior is the end result of a balance of expectations of positive outcomes over negative outcomes for engaging in an appetitive behavior. This concept of learning theory has been applied to reinforcers being considered in terms of incentive and disincentives. Incentives and disincentives are a function of a culture and a society so that in one case the ingestion of food is an biological incentive and in another asceticism and

denial are an incentive and ingestion of food is disincentive. Essentially, that which society rewards, encourages the behavior and that which it doesn't condone it has no rewards for. In the case of eating behavior, an individual receives both incentives and disincentives, there is an encouragement to "eat all" or "finish what's on your plate" and a disincentive against eating too much.

Social eating behavior might then be considered a function of social tolerance and a level of ambivalence in that tolerance. There are several social learning constructs that restate the eating problem in this way. That the culture and demographics play a role in the restraint or increase in excessive behavior, whether it be for eating or for gambling, drinking or drug taking. As well how the society and labels and identifies deviance is a big factor affecting eating and dieting behaviors. Since obesity is identified negatively, it is a prominent problem in our society. This leads to one's balancing out aspects of conduct and conscience; guilt and shame or even hiding one's eating behavior. This is a common phenomenon with both compulsive eaters and with starve/bingers who thus are difficult to identify and to treat. Another final problem with this "do and don't do dynamic" of social tolerance is that an internalized dissonance lowers self esteem.

Social learning theory first applies in the home where the child learns that eating provides reinforcement that is both physiological and the emotional. In families in which food is used as a reward or a punishment, associations are formed that lead to stimulus overgeneralization. As well, the eating styles are learned. This is probably most often argued in the case in which obese children are found in homes where obese parents have raised them. Here the children learn social rules as well as coping strategies. Bruch (1957) describes the obese cases as occurring when parents are obese, but not when obese parents had been counselled and developed a correct balance of eating behaviors.

Conclusion on behavioral and social learning approaches

Learning does not occur in a vacuum, it is usually made possible within a system of two or more persons. Some of the learning considered here is explained best by the behavioral concepts, others by social learning theory however they all imply that one's behaving is a result of what was learned. As a result, treatments that follow this line of reasoning would attempt to change the behavior and enhance a re-learning of healthy eating behavior.

Behavior modification which is usually applied to over-eating cases includes several aversion techniques. Leon (1976) and Ley (1980) reviewed the range: electric shock, foul smelling substances, pictures of person in scanty underwear, covert sensitization through imagining negative thoughts and positive thoughts about eating and slim bodies. Rewards or tokens have been used as have self-control programs. This could involve close "self monitoring" of food intake and weight, modifying eating style such as pausing between bites, leaving food on the plate and controlling the environment to reduce temptation. Self help groups such as Overeaters Anonymous institute re-thinking types of programs in relation to food and follow some of the self control tactics used by behavioral managers. A final comment on all these behavioral approaches however is that much as they are grounded in the facts of our learning processes of habits, people have not yet successfully been able to control overeating and the prevalence to the eating disorders suggests that the over control implied in dieting is actually eliciting adverse effects. "There is a pervasive therapeutic pessimism in much of the literature which is nicely captured by Stunkard's often-quoted statement: "Most obese persons will not stay in treatment for obesity. Of those who stay in treatment, most will not lose weight, and of those who do lose weight, most will regain it" (1958, p. 79, cited by Foreyt and Frohwirth, 1977).

Psychoanalytic Theory

Thus far in the review of approaches to eating problems the biological/medical approaches have been considered, as have the sociological approaches, and the learning approaches from both the behavioral and social learning perspective. With each of these approaches I try to ground an understanding of eating in one's reacting within one's system, whether a biological or a social imbalance.

In the following section, psychoanalytic approaches are considered. As with the previous approaches it embodies several lines of thinking. Each line of thinking here is included if it has been used in eating disorder treatment or if it lends itself to explicating eating problems. Psychoanalytic approaches are helpful for conceptual purposes since they

neither constrain reasoning to cause and effect explanations or rely on suitable evidence but instead attempt to get at one's story.

A hazard inherent in a psychoanalytic approach is the subjective way of interpreting behavior or pathology. In a way, every psychoanalytic story may have two truths; the patient's and the interpreter's (the psychoanalyst or the theoretician). Given experience and an adeptness with expression; a psychoanalytic approach may be able to reveal underlying factors or truths whereby a more scientific, "based on the facts" fails. In the following section the review of recognizes that the psychoanalytic approach to eating problems and disorders can have creative possibilities and subjective weaknesses. Horney (1936) explanation for frigidity is useful to consider because she articulates succinctly the supra-individual and cultural factors involved and expresses the limits and benefits of psychoanalytic approaches.

> Psychoanalysis can do no more than point ways to, or better, the byways of development through which frigidity comes about. Beyond this it permits us certain insights into the easy accessibility of these ways. But it can tell us nothing as to why these roads are actually travelled so often, or in any case, nothing that goes beyond speculation. (Horney, p.82)

Fulfillment of Needs, Drives or Instincts

Freud (1915) initially described the human being as being a complex of ego and instinct drives. Based on this conception the individual who eats excessively is driven to satisfy basic needs. Bruch (1957) suggested that an obese person may eat to protect herself from social and psychological demands. Interaction between biological needs and interpersonal experiences may be related to obesity. Freud (1915) described eating as a basic biological need and as an instinct because it fulfills mental and physical needs.

Parallel to this perspective, is Freud's (1914) outlined stages of development which applied to persons with eating problems, describe the experience of need-fulfillment frustrations that occur in the oral stage of development so that the eating disordered are still stuck in oral gratification. Smokers, drinkers and overeaters might be considered adults in the oral phase of gratification. Correspondent to the idea of oral gratification is the link of emotional and social growth involved with nurturing activities important to the youngster, so that there is an emotional link of food to love and security.

Unresolved Oedipal Complex of the Electra Female Type

This conception of eating disorder describes how young girls will have not been able to distance themselves from their mothers and therefore in adolescence revolt from mother's control by eating the way that they want to instead of the way their mother wants them to (Sours, 1980 & Schwartz, 1988). The daughter and mother control problem have also been articulated outside of the psychoanalytic literature, such as Brumberg (1988) socio-historical account.. The major weakness with the oedipal explanation is that it is based on the electra complex which occurs between ages of five and seven, whereas most eating disorder problems don't surface until later in the adolescence or early twenties. The answer that may arise here is whether the eating disorders are like some other psychopathologies that don't surface as regularly during childhood even though they are related to unresolved childhood conflicts. It may be as Helen Deutsch suggests, that at the beginning of every new growth stage, sexual roles and identity problems are reactivated so that the feminine must be reevaluated for it to be valued. Kim Chernin (1981) argues that eating disorders are rooted in the problems of mother-daughter separation and identity issues that begin at at a young age. She describes a "hunger knot" in which the mother and daughter express emotions around food and eating instead of sexuality. Chernin (1981) contends that women with eating problems have unresolved issues of symbolic matricide. These may be resolved by reuniting a bond with the mother.

Oral fear of impregnation

One of Freud's earlier conceptions of eating problems was that it was a girl's denial of her womanhood and heterosexuality. For Freud (1905), eating like all appetites is an expression of the libido and the sexual drive. One aspect of this retarded sexual development is the unconscious linking of eating with a fear of impregnation. This aspect of fearing impregnation has been conceptualized as occurring on two levels, food as filling one up to seem pregnant and fertile (Woodman, 1980; Spignesi, 1978; Sours, 1980; & Horney, 1926) and as a link to a fear of the enlarged penis of a child's earlier oedipal fantasies (Freud, 1914; Horney, 1926; Bruch, 1973; & Sours, 1980).

Flight from womanhood

Horney (1926) re-interpreted oral-impregnation explanations of envying or fearing a penis for the girl who avoids growing up. She described it more as a conflict with a society in which women are not valued or empowered. This line of thinking in which a

girl's struggle for autonomy and authority over her own body, remains a popular theme in both social-psychological and feminist explanations to eating disorders.

> "It seems to me that the explanation for this frequency has rather to do with supra-individual, cultural factors. Our culture, as is well know, is a male culture, and therefore by and large not favorable to the unfolding of woman and her individuality. Among the manifold influences that this factor exercises on a woman, I want to call special attention to only two. Firstly, no matter how much the individual woman may be treasured as a mother or as a lover, it is always the male who will be considered more valuable on human and spiritual grounds. The little girl grows up under this general impression. If we realize that from her first years of childhood, the girl carries with her a reason for envy of the male, then we can easily grasp how much this social impression must contribute to justify her masculinity wishes on a conscious level, and how much it impedes her affirmation of her female role." (Horney, p. 82).

Essentially, Horney links the problem of a female to a social context instead of the explanation provided by Freud who initially considered it a case of penis envy, fear of impregnation or a case of underdeveloped morality because of not having gone through a complete oedipal complex.

Horney's comments on society's valuation of females may be dated as well, however her explanation the female nferiority complex may still be applicable for many women. A more compelling problem that modern girls face is the feeling that they must be superwomen even though they still receive conflicting messages about their bodies and faces. This line of reasoning is probably more appropriate in that it delves in current socio-cultural concerns of gender and sex instead of internalized aspects of eating behavior that were explained by a psychoanalytic perspective fifty years ago. The key here may not be to "throw the baby out with the bathwater" but to apply the concept of a "flight from womanhood" into a 1990's context of the eating disorders.

Ego retarded development: Severe superego

To overeat or to starve oneself, to worry compulsively about body image and diet, to binge and purge, these are easily considered forms of self punishment. Some psychoanalytic approaches have suggested that because a child does not have an opportunity to develop the ego as the rational mediator between conscience and instinct and between self and reality, she will have overly demanding instincts and overly punitive superegos (Klein, 1952; Lasch,1979; Schmookler,1990; Freud, 1914 & Frosch, 1991).

Conditions identified as retarding ego development often occur with children who have been either overmothered or undermothered (Hamilton, 1990) . In the former situation one has not learned to function independently because mother does everything and in the latter situation one lacks the adequate mothering which fosters confidence and the ability to develop ego strength by doing and achieving things in the environment. The overly punitive superego has been linked to lack of a father. With no model of restraint and reasonable conscience, the internalized restraints develop uninformed of reality but in a struggle to control instincts.

The undeveloped ego and overly punitive conscience in the eating disordered is identifiable by a losing battle of fighting the urge to eat in reaction to both drive and emotional frustration and confusion of urges and forms of punishment for indulging the urge.

Jungian explanations for eating disorders

Carl Jung (1964) is famous for his interpretation of psychoanalysis into archetypes and shadows . While he followed much of Freud's developmental ideas, he felt there was a deep symbolic element that people identify with. Along this line or reasoning, Jung believed that people have a anima and animus element of their character and if one is functioning pathologically it may be because one is repressing one's shadow, anima or animus.

Jung (1964) further contends that by examining mythical gods and goddesses and other archetypes we will find representatives of our shadow. Jung's theory is then extended to fit with some of the logic from feminist theory, in that the female archetype or shadow has to be recognized and honored by women as a means of self-affirmation.

According to feminist approaches such as Woodman (1980) and Spignesie (1983), women with eating disorders deny a part of their femaleness. This type of denial found in the eating disorders are described as the complexes, processes that as occur when psyches break off from the conscious. "An active complex puts one under the spell of compulsive thinking and acting"(Woodman, 1980, p.14). Jung (1964) ties in the repression aspect when he suggests that the complexes are often caused by moral conflicts when one has not been able to affirm her nature.

Conclusion on Psychoanalytic Approaches

The psychoanalytic approaches all are based on interpretations of underlying psychological problems that usually developed early in development of the child. Each approach was briefly explained and discussed here because many of the key ideas in are

further pursued in Chapters 5 and 6. The key objective in this section was to review how eating disorders are described and treated by the psychoanalytic approaches.

Essentially the psychoanalytic treatment approaches address the immediate and severe threats of the eating disorder followed by extended therapy so that one can come to recognize one's repressions and how one uses eating behavior to control them. Bruch (1957) suggests that some obese people use their eating behavior as a crutch that if they didn't have it, they would flounder with more difficult problems. A major concern of eventual treatment then, would be to address the repressions through individual and family therapy.

> People must play out childhood traumas and impairments in object relations around which they have over the years organized their character structure. Attempts at the realization of the 'perfect image' is one 'solution; for the anorectic, the runner, and many other individuals in our society, to childhood feelings of worthlessness and inadequacy. But regrettably a solution to an old trauma- is a frantic and abortive try a 'getting it right this time." As Solzhenitsyn reminds us, he who is born to the cage returns to the cage. The long-distance runner cannot run it out. Perfection is no cure for pain-for either the runner, the anorectic , or anybody else. Narcissist restitutive efforts are maladaptive; they do not correct distortions in the sense of physical and mental well-being, when distorting defects occurred early in the formation of the self. (Sours, 1980, p. 287)

Chapter 4. Interviews with Professionals and Eating Disordered Women

Methodology

Integrative aspects

The decision to include an interview section in this thesis is based on the type of questions and the types of answers I expected. First with the questions; why are eating disorders more prevalent in the female population and why are not all women vulnerable to eating disorders. The questions that I asked and the answers that I expected were not cause and effect investigations but instead lent themselves to personal and integrative explorations. Questions with no easily quantifiable answers require overviews of approaches and insights in order to understand the intricate web of societal and individual influences involved. The interview section that follows provides personal insights that add to the theoretical information and speculative ideas presented in this thesis. In the following paragraph, I restate the thesis objective and this chapter's outline, in particular I discuss how each perspecitve in this thesis and this chapter fits together.

In Chapters 2 and 3, accounts of the extensive research from varied approaches demonstrated that there are many conceptions of eating disorders. Three core issues consistently surfaced and were identified as image, communication and psychological boundaries. Now with Chapter 4, summaries of the descriptive and subjective insights of the participants reflect some of the core issues as well as further concerns at the local level. Insights are obtained from interviews with professionals who counsel females with an eating disorder. Interviews were also conductedwith two females identified as having eating disorders. The overall objective of these interviews was to understand how eating disorders are experienced by the sufferers and treated by the professionals they turn to for help.

This thesis is unique in its approach and perspective. Each perspective taken is able to stand on its own but each adds to a richer understanding of eating problems. Chapters 2 and 3 are a presentation of a first perspective that seeks to review and discuss existing research and treatment approaches. In Chapter 4 is the second perspective, here I record and discuss insights at a local level. The third perspective found in Chapters 5 and 6 involves an exploration of parallels existing between the eating disorders and narcissism theory and metaphors. In a sense, this entire thesis resembles the triangulation process of qualitative research, it is an attempt to understand the phenomenon from each angle and eventually get a sense of truth from this multi-perspectival approach. Overall this thesis is

in a format most amenable to an objective, subjective and symbolic exploration of eating disorders.

"Every worthwhile question that is asked arises out of a need to understand things encountered in one's life experience".

Personal Insights and Motivation

Eating problems and eating disorders are common topics among women. In conversation, women share their diets, their body-shape concerns and, more recently, their dysfunctional eating behaviors. From all the discussions with women and my own experiences of the occasional crazy eating behavior, I started to wonder at the importance of food in women's lives. Was eating linked to their female nature or was it a function of societal preoccupation? In media I was bombarded with images of thinness and beauty and felt driven to attain some ideal shape. I rationalized that understanding the effects of societal preoccupation on females and their own responses to their eating behavior would best be understood by further discussions. Women talk freely about their body and diet concerns, so a guided discussion would hopefully maintain the naturalness of discussions while allowing for some questions that I hoped could be answered.

The interviewees were asked questions about women's eating in general, and asked for their personal experiences with eating disorders. I chose not to include any study of men's eating disorders in this project for a few reasons which I articulate later in this chapter, although I am sure that the study of the male experience with food and eating disorders would be a worthwhile and illuminating project that might even reveal comparable results with the womens. To support this possibility, one of my interviewees speculated that males may have image and body pre-occupations like women and that these are paralleled in the popularity for body building.

Rationale for Qualitative Research Approach

The objective in this interview chapter is to investigate women's eating disorders according to a qualitative research philosophy that attempts to avoid a potential trap of premature explanations or conclusions and to let the data speak for itself. Theory can follow. Osborne (1990) states that the approach of "data first," can provide descriptions of experience and that these descriptions may then possibly lend themselves to interpretation from theoretical perspectives or in light of current research.

Qualitative research is based on recording raw insights and experiences and fits well with human topics that delve into emotional and perceptual experiences. Qualitative

research matches this investigation on eating disorders because of the underlying emotionality involved in food and eating: especially since eating behavior often becomes linked to emotionally laden aspects of self-esteem and interpersonal relations. Stevick (1969) illuminated the importance of emotion to behavior and experience in phenomenological understanding: "Emotion is undergone. One cannot abandon it at will; it exhausts itself, but we cannot stop it" (p.134). It is my belief that for some women, compulsive eating is like an emotion, in that they cannot abandon it until the urge exhausts itself.

I chose not to study males' eating disorders because I believe that my female understanding and subjectivity is more potent when investigating a known and felt female problem. This may be due to a lived body-consciousness as Robin Morgan (1984) suggested when she described the essence of possible sex-related boundaries on understanding,"that because she is a human being inhabiting a female body, she can never truly understand what it means to inhabit a male body" (p.110). It may be as Freud suggested that "sex is destiny" so that all that happens to men or women is an aspect of their sexuality and gender. Whatever the case, study of a female-specific problem by a female lends personal insight and motivation. Kvale, in Wertz (1986), defined such researcher bias as reflected subjectivity and suggested that it can sometimes lend validity and substance to research.

For the most part, the general method used here is qualitative in that data collection and data interpretation was conducted with objective being to allow the data to speak for itself. However, the approach did not completely follow the procedures to the book. The data analysis goes only through a few levels of abstraction. Here it is basically a process of paraphrasing the co-researcher's comments from the interview. While I cluster some themes that emerged from the discussions, I don't go through many levels of cluster and theme analysis except to use them as key headings on the table and to describe general concerns that each of co-researchers expressed. There are a few reasons for departure from the traditional qualitative approach, first each participant had either a specific professional perspective and each eating disordered woman had limited range of eating disorder exposure. Some commonalities do surface and are noted, however the data is not parallel as the participants backgrounds are not. For example, the dietitian considers eating disorders from a more medical perspective than would the school psychologist. Another reason for my approach is that the emphasis in this chapter is on reporting instead of interpretation, my reporting therefore matches the second-hand nature of the interviews

with the professionals, in that they also could only report their patients' concerns; their professional insights on patients are paraphrases of patients' experiences.

Co-researchers

A study that looks to understand women's experiences with eating disorders is probably richer when several women's experiences are considered. Five co-researchers were interviewed for this study. Ideally I would plan a study involving a larger number of women, across age groups, across eating disorder groups, and possibly even across marital status groups. However, I believed that this group was of a sufficient size and variation to express some of the common threads of experience that women share. In other words, the collective of each woman's description is able to articulate many common experiences on the topic of eating disorders.

My co-researchers were chosen to participate based on the following criteria. First, each was willing and open to talking about her eating history and experiences, her perceptions and feelings on food, the eating disorder and herself. With the professionals, their willingness to discuss patients or clients' histories as well talk about their own impressions as both professionals and women was considered essential. Also, in the process of setting up the each of the interviews, it was important that each woman revealed an ability to both reflect and adequately articulate reflections.

My co-researchers were also chosen to represent five different aspects of eating disorders. Three were professionals who each treated eating disorders according to her discipline: the dietitian, the hospital psychologist and the high-school counsellor. Each deals with different populations to some extent, although there is some overlap, for example, the school counsellor refers teens to the hospital programs and the dietitian and psychologist both work with individuals who may have accompanying psychiatric disturbances. The two eating disordered women were chosen because they represented women with different types of eating problems; one with consistent weight gain throughout life and no accompanying psychological problems and one who has been on a binge-purge cycle since the teen years and is still encountering psychological problems. Both are thirty-three years of age.

The co-researchers were approached to participate in a taped conversation and given ample opportunity to withdraw from participation. Their only reservations were that I maintain confidentiality. This was maintained and they were given a consent form to sign which described the study, its objectives and how their confidentiality would be

maintained. Following are descriptions of the co-researchers, each are given a pseudonym for ease of discussion and to maintain their anonymity and confidentiality.

The Psychologist: Pat

Pat is a practising psychologist in a psychology department of a hospital. She treats a diverse range of people, among those are women with eating disorders and eating problems. She has also conducted research and presented lectures on eating disorders.

The School Counsellor: Margaret

Margaret is a school counsellor for a large urban high school. She has been a counsellor for over twenty years and was also a teacher and coach. She counsels teenagers with varying concerns and has counselled many young girls with eating disorders.

The Dietitian: Lily

Lily is a practising dietitian who works in the psychiatric ward of a hospital. Her patients consist of severe anorexics and bulimics as well as compulsive overeaters. Some are inpatients whom she treats with diet. Lily educates them once their weight has stabilized and it is no longer at a life-threatening level. Her other patients are outpatients who see her for individual and group diet and lifestyle planning.

Eating Disordered Woman - Cherry

Cherry has put on weight throughout her life. As young child she ate three large meals a day along with several snacks. Cherry has attempted several diets throughout the years and has experienced weight-gain after each diet. At present Cherry is severely overweight. She has no accompanying medical or psychological problems.

Eating Disordered Woman: Sandra

Sandra started to put on weight as a teen. She also started to diet and use diet controls such as laxatives and Metrical. Over the years, Sandra has lost and gained weight several times. Her diets have been unhealthy and restrictive and her binges have been uncontrollable. Sandra indicated having some psychological problems about her upbringing and her self-esteem. She is presently seeing a therapist, describes herself as having an eating disorder and attends weekly meetings with an eating disorder organization that grounds it philosophical tenets and approach similar to that of Alcoholics Anonymous.

Bracketing of Presuppositions

Following the spirit of qualitative research, I must state my biases before presenting the data because my biases can affect interpretations of data. This process, which is also referred to as "bracketing of presuppositions," allows the reader an opportunity to check the validity of my findings and to recognize the subjective potential of interpretation. Following are some of the biases I have; some are based on what was found in the current research and theory, others are based on gut instincts I have about the phenomenon.

1. Some psychoanalytic theories use metaphors to describe psychodynamics. It is my belief that aspects of narcissistic theory can be extrapolated to illuminate eating disorders. The boundary and image elements of narcissism can used as metaphors to describe eating disorders. So, for example, eating disorder persons might then be conceptualized as those whose boundaries between food and self have dissolved and their perceptions of self are dominated by a distorted body image.
2. There is an interaction effect of food, self-image and relationships in a woman's life. It is my belief that self-image affects food consumption and food consumption affects relationships and relationships affect self-image and food consumption. The extent of the effects can be measured by the severity of the eating disorder, the degree of low self-esteem and evidence of dysfunctional relationships.
3. Societal opinions that popularize an ideal female body type promote dieting behavior and may be attributed to a higher incidence of eating disorders. I expect that the impact of other's opinions strikes most forcefully persons with unformed self-images, in particular the female adolescent or traumatized woman in a dysfunctional relationship.
4. Both men and women share an infantile attraction to food because of associations of security and acceptance inherent in the mother-infant experience of feeding time. It is my belief that in the face of insecurity or emotional trauma dysfunctional eating behavior can be triggered.

Procedure

Interview Process

The taped interviews occurred in co-researchers' homes, the researcher's home and at the workplace, I attempted to make it convenient to all participants as well as to ensure that there were conducted in optimal conditions and time. There were no interruptions throughout any of the interviews. I attempted to keep the interviews as open-ended and

non-directive as possible, although I did use a set of interview questions as a guideline because I believed they would elicit comparability on some issues. However, with trying to keep to the spirit of letting one tell her story, I invited each of them to decide whether they just wanted to describe experiences first and then look at the questions or if using them would help trigger their story. Each women chose a combination of describing and addressing the questions. One woman talked for a few hours on her history of eating problems and only then looked at the questions.

Once the data was analyzed and integrated into the completed research product, the co-researchers were given the opportunity to read the results, discuss the findings and provide further input and reactions. Each agreed with the interpretations and some asked for minor changes.

Data Analysis

The following list of steps that were used in the thematic analysis are listed below. These are are provided so that the reader has a guide for the presentation of the data as well each step demonstrates the extent of the analysis. There were two objectives in this data analysis. The first objective was to let the data speak for itself so that through a reading of the protocols and an interpretation , data would naturally fall into representative themes that describe the phenomenon and each co-researcher's experience of it. The second objective was to articulate insights that emphasize the descriptive quality to understanding.

1. The interview was taped and then transcribed verbatim.
2. The transcript was read through several times to get a sense of the phenomena and each co-researcher's experience. The tapes were listened to a second time to catch the tone, emotion and silences that were considered meaningful to each co-researcher's experience.
3. Excerpts from the text were extracted that best demonstrated the experience of the co-researcher and placed in a section of quotes. Aside from inclusion of the quotes there were two levels of interpretation or abstraction involved: the first level was the capturing the essence of the textualized quotes. (To demarcate quotes from my commentary, I italicize co-researchers quotes and leave mine in standard font.). The second level was summarizing the text into tables.
4. The themes of all the co-researchers were then compared to find similar experiences and meaning for the co-researchers. This process is sometimes called clustering of themes.
5. The clusters of related themes that emerged in Step 4 is synthesized into a discussion of the results.

6. Finally conclusions are made based on overall findings in light of theoretical and practical applications regarding the females experiences of eating disorders.

Results and Discussion

Introduction

In the results section I present excerpts from each co-researcher's descriptions and tables that summarize their descriptions. The concluding discussion which precedes the tables, includes consideration of the general ideas found throughout the data. The major results of the study are discussed in relation to the key questions asked: Why are eating disorders more prevalent in the female population and why are not all females suffering from eating disorders?

Data Presentation

The verbatim excerpts extracted from the interview are italized and commentary on their comments is in plain text. No changes were made to the comments except to ensure that they were grammatically understandable. I believe the richness of the interview comments speak for themselves in a way that a diary or a relaxed discussion does. Comments are generally in the order in which they were mentioned during the interview, however key themes from each interview were clustered together. The commentary and quotes section are followed by the summarizing tables. My objective for including tables was to provide a quick overview of themes discussed during the interviews. It was hoped that it would be a way to identify some commonalities across professionals and the eating disorders. On the right hand side of each table are abbreviated comments and on the left hand side labels for each theme of abbreviations. These tables, according to the approach of qualitative research, would be described as the first level of abstraction, because they are abbreviated paraphrases of each co-researcher's words. In the same way, the labels represent a second level of abstraction because each states a formulated theme reflecting the essence of comments in the right hand column.

Commentary on Psychologist's Perspectives

The psychologist, whose pseudonym is Pat, described her clients and her practice during the interview. She stated her conceptions and treatment of eating disordered clients. She ascribes personality, developmental and societal factors as being involved in the explanation for and etiology of eating disorders. She said that the eating disorder client population she sees have emotional disorders that are commonly associated with obesity or

weight gain. She stressed that emotional disorders are not necessarily the cause of obesity but the result. She referred to Wadden and Stunkard (1985) who found that overweight people in the general population show no greater emotional disturbance than do non-obese persons. Her treatment approach is to focus on present functioning of her client, all the while keeping in mind that eating disorders have a multi-determined nature.

Included, in this section, are some of the comments made by Pat on various topics and relevant commentary. These are grouped in three major issues she addressed: treatment approaches, eating patterns and speculations on eating disorder prevalence in the female population. Pat's quotes are in italics to separate them from the commentary.

Psychologist's treatment approaches

Pat's comments demonstrated a common-sense approach which recognizes the eating problems and the associated emotional variables involved. She maintained that the most important thing is to treat the person and situation so that focus is on the present. This involves an outlook that keeps to the business of treatment but that can appreciate origins. She describes this outlook in the following quotes, she first describes her focus, in the next two quotations, she suggests the need to reveal underlying emotions and psychopathology.

When I see somebody with an eating disorder, I don't focus on the origin but instead keep in mind that eating disorders have a multi-dimensional nature, but, the end result is most important.

The type of psychiatric population that comes here are people with a lot of unresolved issues but for the most part, I think a lot of overweight people are just like other people in terms of self-esteem and other problems. Some obese people just have really poor lifestyle habits. However, inactivity and depression are typically correlated, so I always do an assessment. I try to figure out why this person is fifty pounds overweight, I do some psychological tests to get at psychopathology and bingeing behavior . I screen for depression and anxiety. I use the Minnesota Multiphasic Personality Inventory (MMPI) to get at their personality; according to research high scores on scales 2 and 4 on the MMPI are common for people with eating disorders, these scales measure poor impulse control, guilt, anxiety, and inflexibility. With the anorexic sometimes the scales 2,4,7, 8 have shown high scores.

I also need to get at the degree of psychopathology and how open they are to discussing their concerns. Usually my clients with obesity or compulsive eating will want to see me, they have made the request to see me through a "Lighten up" program at the hospital. By the time they get to this program, they come with a different mind set with the expectation of a lifestyle program instead of just counselling and a diet plan.

Pat stated that once she determines the needs and establishes rapport, she works with them on their immediate problems with weight and related emotional problems. The following quotes describe her treatment approach and philosophy towards weight.

Most of my clients want to regulate their weight. I can't say that I work from a perspective that they accept their body size. If there are overweight, I will refer them to a dietitian in addition to the psychological work I do with them. I think that life is more difficult if you're big and fat than when you are a normal size. It's good to see people get control over their habits and feel good about themselves. I wouldn't be happy being obese Eating can be fun and social. Eating should be an enjoyable experience.

Compulsive eating can be both an eating disorder and a normal eating problem as most people overeat from time to time. Eating binges often occur during stressful times so clients are encouraged not to become demoraliized by these episodes.

One client I see has eating problems but her primary concerns are with relationship issues.

I don't believe in diets, but I do believe in regulating eating. One of my client's told me about her eating habits, she said that she didn't eat throughout the day and then after denying herself, she would have a high-fat meal after school as well as a later supper. She had a low activity level and felt too fat to go out. The first thing that we did was regulate her eating habits. I contracted with her that she eat more during the day and stressed that the more, the better. She was able to do that and is feeling better about her eating now. I emphasize food habits in the beginning and once that's straightened out, then we start to look at emotional-eating links to see what sets them up for that abnormal eating behavior.

Typically, as they begin to get control over their eating habits they feel they have more control over other areas in their life. Control has been given a bad name, but I don't think that control is such a bad thing, being out of control of your eating habits is a pretty distressing feeling. Eating great amounts of food needs to be controlled. However when control over their eating becomes their main focus to the detriment in other areas in their life it's a problem because they begin to equate control only with limiting food intake.

I really enjoy working with overweight people by trying to help them either regulate eating and increase activity level, and then decide on emotional and personal issues after. I wonder if we do people a disservice by believing that all obese people are prone to a psychopathology.

Pat's approach towards eating behavior is that related emotional problems should be dealt with, but should not be the focus of an eating problem. Her comments in which she cautions her clients against "becoming further stressed after an eating binge" and "we do obese people a disservice by believing that all obese people are prone to psychopathology" reflect her approach of "dealing with the problem" through cognitive-behavioral measures such as contracts and open discussion of concerns. Pat stressed that she may treat her clients differently than other local psychologists and suggested some foremost ones who

work primarily with the eating disorder population. Due to time constraints of these potential co-researchers their insights are not included in this study.

Eating patterns

Pat described in a few comments what her clients' eating behavior and patterns were like. These were included to portray how emotions are connected to the food binge and how eating behavior can have a pathological nature when one regards the ritualistic eating described below.

One client said that she had binge-eating sessions after encounters with her father whom she feels is difficult and whom she has been unable to please. This client told me that she felt really sad when she went to the fridge. Other clients have mentioned a lack of control in other aspects of their lives as well.

Some clients have ritualistic eating behavior . A ritual might involve cutting up food into small pieces and limiting the amount eaten. One client had allowed herself three cookies a day, she cut each up and then watched the clock to time herself, she ate each piece according to an amount she allowed herself for each minute.

Why are women more affected with eating problems than men?

This question was asked of all the co-researchers. I invited them to give me their own biases on this topic. Pat answered that it was a sort of multi-dimensional situation in which cultural factors make women more vulnerable and family and other background or personality factors aggravate the problem. She attributed diets as potential triggers for eating disorders.

Why is it that women have eating disorders more often then men do? It's interesting that men get it all, I like Naomi Wolfe's argument, I think it's a cultural thing, our society has always emphasized women's looks and their body size.

Why not all women then? Sociocultural factors makes all of us vulnerable especially if you add a propensity to gain weight. Diets themselves trigger eating disorders. Add some of the other factors like dysfunctional families that substitute food for emotions or that emphasize looks as a way to get ahead, then I think that you can create the disorder.

Pat provides insights into the eating disorders and describes her psychological work with them . Her comments are revealing in that they describe a common-sense approach that doesn't necessarily conceptualize eating disorders as indications of pathology, but still ensures that emotional issues are identified and dealt with.

Pat was able to provide some background on particular groups on eating disordered people, the obese and compulsive eaters in particular. As well, as she is located in a

hospital she may see a different type of person than one who never goes in for therapy. As one of the objectives was to sample the eating disorder population and sample different treatment approaches, Pat's comments were helpful. In the following pages quotes from a school counsellor provide insights into the teenage population and how they are treated for eating disorders.

Commentary on High School Counsellor's Perspectives

The school counsellor, whose pseudonym is Margaret, described her students and her work with them during the interview. She stated her insights, her experiences and her counselling tactics. As the preceding quotes indicate, her main tasks are indentifying the kids at risk for eating disorders and then getting their confidence in order to proceed with counselling or to refer them to specialists. She identified familial and school issues that seem to trigger destructive eating behaviors. Generally, Margaret found that these girls become quite self-conscious about their bodies and tend to equate their worth with their size. In the following sets of quotations, Margaret's insights describe her thoughts on eating disorders and portray the experiences of some of the teens that she has helped. Ultimately, Margaret does not describe herself as a professional, but as a caring counsellor who has been highly successful with eating disorder teens. The quotes are arranged to describe her work with them and then to portray their psychological issues as she perceived them. Margaret's quotes are in italics to separate them from the commentary.

On identifying and counselling students with eating disorders

Margaret's quotes describe the teen's unwillingness to be seen as abnormal although the behaviors that they exhibit suggest otherwise. She stressed how important it is to get their confidence so that they can see themselves as reasonable persons with manageable problems. In the following quotes are Margaret's descriptions of evasiveness of students.

There are reasons why they don't come in and admit they have an eating disorder. First, they don't recognize it, it's like working with alcoholics. One of the hardest things is to convince them is that they have a psychological issue that needs dealing with and that it is showing up in their eating behavior.

One girl was devoted to school and wanted her parents to be proud of her. She lied to me in terms of everything she ate. And she was dying before my eyes. I arranged a first intake interview at the hospital eating clinic for her. She stood on the weight scale and lied, adding ten pounds, she lied about amount eaten, and she wore heavy clothes to hide her body. This girl had a serious eating disorder: she was losing her hair, and her menstrual cycle had stopped.

The best approach in helping them is that they to be comfortable and confident with me because if that doesn't work then it's no good. My counselling room is really comfortable with lots of things around it so that kids can relate to them. Once I get the connection, I try to get them to relate to the acting out part of the eating disorder. "Why do you act out, you're not a bad person, but your body is telling you something." I often make the connection with the appropriate professional. In order for it to be totally successful you should have the whole family in counselling for it.

After coming in and establishing contact with me, Mary said that she felt better that someone with authority knows what her life is like. However, before she was able to do this she first went through a tearful interview. At the end of such an interview you want to make sure that the student doesn't have anything more to say and that they are complete with how things are going. I made sure that Mary made another appointment before she left.

I set Mary up with a doctor whose name she picked out from a directory I keep in my office. One of the other teachers set up a meeting with a dietitian for Mary so that she would know about the nutritional needs of her body. Then we started looking at other issues, like her body. I had her look at her body in a mirror with me, she didn't want to do this and I actually had to hang onto her and say look while I pointed out some of her good features.

These are my opinions and not scientifically based. I try to get the kids to lighten up. However, I keep in mind that kids need some rules and structure. Kids that do relate to helplessness or hopelessness are often from a really low structured family. Overall, things I've learned as a teacher, is don't try to be a friend but be firm. Kids don't seek my help, usually their friends or teachers send them in.

I'm not qualified or trained, my strength is that I don't give up and I stay with the kids until they are lined up with a good therapist or situation.

I feel that something that is critical as a teacher, if you have that overweight or eating disorder youngster in your class, you have to present information carefully so that you don't do psychological damage to the kid. Kids use a lot of selective hearing. Teachers can do a lot towards helping kids by presenting the information gently. A good teacher makes sure that all the information is okay for them.

Some of the key comments that Margaret made here reinforce the sense that teens who get eating disorders are very sensitive to the messages from their teachers, parents and peers. Margaret indictated how her effectiveness hinged on her recognition of their vulnerability and her respect for their underlying strengths. Her comments show how with patience and determination on the part of teachers, parents and the counsellor, kids with eating problems can be made comfortable and ready to deal with the eating behavior and related emotional issues. In the following quotes are the psychological issues that Margaret encountered with the girls she helped.

Psychological issues of the girls:

Some of the quotes speak for themselves like the following quote from one Margaret's students. This girl had recognized her eating behavior problem and knew that she had to deal with it at some time. As the research indicates (Bruch, 1973, 1979 & Roth, 1984) the eating disorder is often recognized and consciously used as an evasion or repression of other problems. Another theme that was commonly stated in these quotations, is the desire to want to be or look like an ideal woman, often to gain some "important other's love".

"We are all of us born into a big hole and we all fill up the hole in our own way. And we all have grass grow over it and we all have a few weeds in that grass. Well, I'm just going to let my weeds grow right now, and I don't want to see what's under the ground. Right now it's okay for me to have a few weeds in my grass."

So they all seem to have one thing in common, that is, they focus on that which is absolutely immovable: "If I were smaller I would be better, then my mother, father or boyfriend would love me. Obviously he doesn't love me because of my body shape". They are often acting out very deep problems when they have an eating problem.

A lot of the stress in grade 12 brings out the eating problem. The kids want to do so well and their desire for success is far more meaningful to them than how they look. The looks are important only in that they will make them more successful in the eyes of the person they are closest to such as a father or boyfriend.

One girl had been so close to her dad, that when she hit puberty and he wouldn't take her on outings anymore she thought her Dad didn't love her anymore. Apparently he had he drawn back because he felt some of his closeness with his daughter wasn't socially correct once she became a young woman.

Reflected images are a theme that may be relevant with the high school kids: "if I could only be the way the person I love thinks I should be". They don't like looking at themselves, so their body image is something in the mind's eye.

Another thing is: "I don't want to be or look like my mother when I grow up". In all the cases there has been a connection with a male: the Dad, the boyfriend, the instructor. I often hear : "I don't talk to my mother about how I feel". There is often a real strong bond with their fathers.

Why do women get eating disorders more often than men, and why not all women?

I believe girls get eating disorders more often with boys because it is their way of dealing with an uncomfortableness with self. Boys just act it out differently. There are probably parallels to eating disorders in overweight boys and bodybuilding. They might think "I've got to look macho so my girlfriend will love me more". Also, there is usually an important person in the girl's life who they think has rejected them, and the change in acceptance is attributed to not who she is but what she looks like in her mind.

Margaret also described a self-consciousness about image because of familial issues and an underlying identity issues. The above quotes portray these issues. Margaret's explanation as to why girls get eating disorders more frequently than boys was uncomfortableness with self. She further suggested that they just act out the problems in different ways such as in body building.

Overall Margaret described the teen group of eating disorder as less compliant for counselling so that her approach departs from that of the psychologist's. The population of teens that she described all seemed to have issues centered around self, image and important relationships with family and friends. Margaret's insights added to the study some revealing comments on her treatment experiences such as the recognition that she must be firm yet respectful. It also revealed how the teen feels when she has the eating disorder such as the young girl who described problems as best buried for the time being.

The psychologist's and the high school counsellor's perspectives describe eating disorder populations that are treated for the psychological issues. The following quotations from the dietitian, whose pseudonym is Lily, describe the eating disorder population in many of the same ways, however the treatment approach is more specifically on health related issues.

Commentary on a Dietitian's Perspectives

Lily, the dietitian described treatment of her clients in groups, those of outpatients and those of the inpatients. She also broke them up into groups according to their major problems and concerns by the types of eating disorders they have, whether it be anorexia, obesity, compulsive eating or bulimia. Hospital treatment for all the eating disordered groups included consultation with a mulit-disciplinary team of medical and psycotherapy personnel. Lily provided insights as well on the prevalence of eating disorders in each group and speculated, based on her experience, on etiological factors. Her following quotes reveal a range of concerns and insights from the physiological to psychological factors involved. In the first set of quotes her comments on the eating disorders and related chacteristics describe the type of patients that she treats.

Eating disordered types

Weight fluctuations vary from group to group. Anorexics start at normal or slightly above down to 57 lbs. One compulsive eater started at 130 lbs and is now about 280 lbs after years of losing and gaining. Bulimics often maintain weight because of their purging.

What do you attribute to the weight fluctuations?
If I see rapid weight fluctuations over a week, it is a sign of bingeing and purging. Over a year weight fluctuations may indicate phases of starvation and eating.

Bulimics who are typically outpatients unless have accompanying problems like depression or anorexia with the bulimia. The third type of patient is the compulsive eaters, they are usually outpatients.

Age of the different populations: Exceptions to all of these, however these are some of the numbers off the top of my head.
Anorexics: Age 14 to 30, 50% of anorexics develop bulimia between 18-25
Bulimics: 20-35 years of age.
Compulsive Overeaters: Over 20,25-30s,40s and 50s.
Exceptions: Anorexics starting in their 30s. I think this trend may continue, perhaps because society doesn't value an older women who is more rounded.

Exercise compulsion with anorexics: 50% think they should do some exercise to burn calories. Most feel they have to earn that meal. Some have been caught running in the middle of the night or in the shower. One girl would cycle the perimeter of Edmonton every day and that was only part of her exercise. Another would walk to Southgate and back as a leisurely walk.

We encourage leisurely walks, discourage excessive exercise.

In the above comments, Lily cited the ages, the characteristics and the associated behaviors, such as exercise compulsion, in describing the eating disorder populations. Of particular interest is the age groups that may be changing as a result of societal trends that value youth. To reflect this speculation a look at the cited ages for each group: anorexics are generally the youngest but now the older women in their 30s are starting to show up in the anorexia and bulimia cases. In this next section, Lily provides some examples of how her patients have said they felt about themselves at different points in their history of weight gain and weight loss.

How do your patients feel about their bodies?
All of them feel they are too fat. Even the anorexics, Ive had patients who are 85 lbs who will grab their thighs and say, but look at me I still have fat, if I can just lose five more pounds.
A few of them, when they have recovered, may feel thinner and lighter. One girl with bulimia who initially started to lose just 10 lbs had trouble losing it so eventually started with laxatives and purging is now under my care and is just now more accepting of her size.

Many of them might feel unattractive, because for most people, thin and beautiful go together.
I think 80% women in Canada between 18 and 30 years of age felt that they needed to lose weight. It's really a North American thing.

A special note should be made here, that as with the other two professionals, Lily described her patients as being unable to perceive themselves as they actually are, in other

words, they all demonstrate body distortions. As well, they were unable to consider themselves attractive. She also attributes the preoccupation of dieting to a North American mindset. In the following quotes some of her examples and insights about their eating and lifestlye issues are described.

Patients eating patterns and self perceptions

There is a variety of things that come out in sessions. Most don't have any concerns about body weight and shape until about 13 years old. A lot of them indicated that their mothers were dieting a lot. It may not be a cause-effect connection however because most women diet. Often they may have started to eat differently than rest of the family. School was involved, if none of their friends were eating lunch, they wouldn't either. One sixteen year old said she learned to throw up because all her friends do it.

I disagree with diets because they take away the control from the person and replace it with a set of diet rules.

Do they link weight with their life quality? Most believe that if they could lose more weight then their life would be better. If they could lose weight they would be more attractive and popular. Often the bulimics and the compulsive eaters will put their life on hold until they lose weight; like with taking a course or buying new clothes.

Love relationships affected by weight?
About anorexics; Most love relationships go out the window, they don't seem to care. They become isolated even from girlfriends and family. Want to be more attractive however.
With bulimics and compulsive eaters: There are a lot of people who said pressure from family and husbands or boyfriends affected them.
On the connection between father and daughter: There have been a few girls in which the fathers have been obsessive exercisers. Daughters will often join the father inhis exercise. For a couple of the girls their fathers opinion of their mothers weight made them want to be slimmer.

How do your patients feel when they are eating?
Physiologically, when the anorexic eats, she fills up very quickly, her digestive system doesn't feel well, they get very bloated. Psychologically: The anorexics feel very guilty. With bulimics They will probably enjoy it, but when it turns into a binge then they eat to the point of becoming ill.

How do they feel when they're eating and they're not hungry?
A lot of guilt. With bulimics and compulsive eaters there is always that diet mentality where they have a line that they can't cross, and if they cross it then they've blown it so they continue the binge. An anorexic might describe a binge as eating a whole muffin instead of a half muffin. It is always important to ask the patient what their description of a binge is because of their different interpretations of it. If they have set in their mind that they will only eat 300 calories a day, then 500 calories would be a binge.

I set up a meal plan with them, but try to stay away from too much structuring.

How do your patients feel others react to their fat?

Since they feel fat, believe that people perceive them as fat. It's tricky because many know intellectually that they are thin but feel fat and when they look at themselves in the mirror their image appears fat to them. These people camouflage themselves with heavy clothing so people wont make comments about their size. Some eating disordered persons simply feel fat and intellectually don't know they aren't fat.

Overweight people have felt embarrassed about weight, and are afraid that people would watch what they would eat at parties. One large patient said her husband never commented on her weight, but felt badly about other people's reactions to her. I worked with her and she became more comfortable with her body size and has given up dieting. This woman said she would rather be happy without dieting and the controlling aspect of it in her life than to be thinner and always dieting. She used to a real binger, she was caught up in a cycle of dieting and bingeing.

The above comments describe several of the issues of the patients with eating disorders. Feelings of guilt and lack of love in their loves was common. Many indicate that they experience pressures from family and society to go on a diet or lose weight. They camoflage themselves and eat less in public. What was interesting, is how these women develop a critical boundary cutoff of food and if they go over it, its like a signal to binge. Referring back to Seligman's (1967) learned helplessness theory, this may be due to a reaction of helplessness against their own lack of willpower and diet overcontrol. The key point that Lily made here is that one should not be on a controlled diet, she tries to get them to stay away from too much structuring. In the next section, Lily describes the life of an eating disorder person, the hospital program she works in and rates of recovery. What is interesting to note in these quotes is her description of the anorexic who changed personality from adventurous and outgoing to rigid and vacant or isolationist. The personality change suggests that there isn't an "eating disorder type" as much as there are circumstances and vulnerabilities to an eating disorder.

Lifetime of the eating disorder and treatment approaches

Do anorexics or bulimics recognize an eating disorder for life?
Some anorexics will spontaneously get better on their own. There are variable populations: 25% will never worry about it again; 25% will always have diet and body image problems, 25% will struggle for several years, and 25% will be destructive and some of these may eventually die from the eating disorder itself. For the most severe 25% it may be due to a combination of both biology and psychology. There must be things that get in their way from getting on with life. There is no known physical reason for not recovering.

We had a few girls who had led really active and adventurous lives, the life of the party. Once the illness set in and even after their recovery they became very rigid personalities in all parts of their lives. It's like they then have a vacant life and a vacant look in their eyes. Not all, but some, never get back to their earlier full and happy lives.

We always see the worst case scenarios here at the hospital. 20-30% of people have to be readmitted for the same problem. Inpatients have a fairly lengthy stay of about 3-4 months and we often have about 5 or 6 in the clinic at any one time. So in one year we would have about 20 severe cases, this is cases from all over Alberta. For outpatients, I probably see about 40 patients a year. I have had to turn away a lot of referrals, but have taken referrals from the walk-in clinic.

With anorexics we really can't do anything with them until they are better. Usually they come in with a vacant look in their eyes, no affect and then at some point in the therapy they seem to come to life.

Most of our referrals come from the psychiatrist in the hospital and he would take all the referrals from other psychiatrists in the city.

The program is multi-disciplinary ; this includes a dietitian, a psychiatrist, a nurse coordinator, some psychiatry nurses, a recreational therapist, an occupational therapist and a social worker. Patients include a combination of inpatients and outpatients. With inpatients we put them on supervision if they have a history of purging. Usually the patients eat together and outpatients join them as support. First goal here is to get some weight on them, then to start with psychotherapy and group therapy. We also run a family support group for family and friends that need support themselves. The outpatients see Dr. Pictell, myself and the nurse manager once a week and they may also go into a group therapy and may be coming up for their meals, depending on their work schedules. "Ensure"programs are supplement nutritional drinks used for people who have found food too anxiety provoking. To be admitted as an in-patient you have to be one of the more severe cases. There are so many out there.

Most successful therapy or instructions?
It is really individual. Start with introducing them to the Canada Food Guide. Then educate them on the effects of starving and bingeing. I would talk about things like set point theory in that we have a set weight for our body. How to eat when you go to a restaurant. Talk about some issues of acceptance. Other members of the team would talk about more psychological issues.

Lily outlined the program. (personally, I think it would have been helpful to meet with the entire team, however time and opportunity constraints did not allow for the interviewing of the team). What is important to note from Lily's accounts is that with these patients, the team recognizes that eating disorders require attention in the both physical and psychological areas. As well, they recognize the need for family or community involvement. Like the school counsellor, they look to one's support system once they have stabilized the critical situation. In the following comments Lily describes the common concerns that her patients voice, in particular, that they have a great fear of putting weight back on no matter how thin they have become.

Predominating concerns of patients: Concern about not putting weight back on, the ones that do the best intellectually realize that they have to gain weight back. The ones who have a terrible body image distortions have a real problem with putting weight on because they already consider themselves too heavy. I prefer to work with compulsive overeaters

because they have nothing to lose. A lot of them are willing to take a risk, even if it's scary for them when I tell them not to diet and to eat whatever food they like. Eventually they realize that they can eat chocolate and not binge. Their biggest concern is it's just one more thing that wont work after all their failures with diets.

I think some people learn that its okay to eat but they forget to listen to the other part of the message: to stop eating when they are full. Many of the people in this type of group are compulsive eaters. It may be that they are in a rebellion kind of stage, don't tell me that I can't eat. Perhaps they have been on diets for most of their lives. They need to find other ways of taking care of themselves, like going for a walk or taking a relaxing bath.

In the following quotes, Lily answered my questions on the prevalence of eating disorders in the female population and the fact the it doesn't happen to all women. Like, the other professionals, she identified societal factors in answering in the former and with the latter, she attributed it to a psychiatric link and she referred to the personality change noted in the anorexics she had treated to support her speculation.

Why eating disorders stike women more often than men, and why not all women?

I probably would have to say because of society's pressure for women to be thin and beautiful. Go back to kid's fairy tales where the thin and beautiful maiden gets rescued. So even when they are little girls they get positive reinforcement for being pretty, the kind of toys played with are dolls, such as Barbie dol!s that you can dress up, whereas boys get toys that they can use their bodies to play with like trucks and balls. They learn ways of using their bodies to accomplish things.

And in our society thin and beautiful go together. On the fashion magazine covers there are the slender women, who portray someone who is tall, slim,beautiful , has a handsome and successful boyfriend and is probably located in rich surroundings. While boys are encouraged to do things with their body like sports, girls are encouraged to decorate their bodies.

Why not all women? Maybe this is the psychiatric link. In particular, the anorexics who had very full lives before and it's like the eating disorder completely changed their personalities. It's almost like someone with a pre-disposition as some have with schizophrenia. A lot of people will have a family history of either an eating disorder or other affective problems. The increase in numbers is probably society's pressure on women to be slim.

In the above section, Lily described her patients, her "dietitian" work with them and her insights on the eating disorders. Her information is invaluable because she provides examples where the physical, psychological and societal aspects of the eating disorders can be noted and aspects of it are treated by the multi-disciplinary team that she works with.

In comparing the three professionals, different types of eating disorders populations are examined and different approaches are noted. The psychologist and the dietitian may have access to a wider range of the eating disorder groups, however the school counsellor

describes teenager instances that illunminate why adolescence is a critical time of body issues which makes them vulnerable to prevailing attitudes on dieting. In the following pages, two women with different types of eating disorders are described and discussed. The key focus here is their experience and their history instead of theoretical perspectives.

Commentary on Cherry's Eating Disorder Perspectives

Cherry describes her eating problem as a weight gain throughout all of her life. She started to be overfed as a child, not so much because of familial difficulties, but because of her family's love of rich foods and big meals. She also indicates that her weight gains were substantially increased after each diet. This a type of theme is consistent with studies that found that people will gain weight after excessive weight-control because of biological set points as well as because of a break from the food denial (Carlson, 1988). In the followning quotes she describes her eating patterns and her diet and weight fluctuations. What is interesting here is that Cherry seems to have overcome the emotional strain of being overweight and now tries to accept her eating needs and her weight as it is.

Eating patterns:

I try to eat when hungry now. I used to not bother eating breakfast and if I didn't get something into me by 11 then I could get really shaky, emotional and find it hard to concentrate. So I would grab a chocolate bar to make it until lunchtime. Now I eat at breakfast, at 1:00, and at about 4:00.

I get into emotional eating sometimes. Like the other day, I said to my friend that I have to chew out a lot of anger and I don't think that celery is going to do it.

Childhood eating patterns: three set meals with a lot of snacking in between. My aunt used to put a huge lunch out for me, first a sandwich, then a soup, then the main course, and then dessert. Lots of butter on everything. Things like buttered peanut butter sandwiches, we even buttered chicken. The rest of my family have average eating habits and are of average size.

Dieting and Weight Fluctuations

I was 4 lbs at birth. My family took me home and got me to gain weight. I was normal until about kindergarten. Then I was always overweight. When I was 16 at about 130 lbs I started to diet, I went on a diet and then gained it back to 140, and then after each diet I kept getting heavier. A cycle would be that my weight goes up and then I can lose 20 to 60 lbs. It didn't take long to lose or gain weight, maybe a couple of months. I stayed about 180 throughout university, and then dieting down and up 10 pounds each time. I weight 250 lbs now.

What do you attribute to weight fluctuations? Crash dieting. I always thought I would lose weight sometime. I've never gotten down to a weight that I would be happy at. I would

be happy at 150 or 170. Often I would think if I could get down to a certain weight then a man will love me if I'm lighter. Then I would give up on the possibility of a relationship and start to eat again.

Being in the public eye, it is very important to lose weight. My boss wanted me to lose weight, and kept at me for a while about it, finally I said to him "look I know you're disappointed but not as disappointed as I am, but I don't know what you can say so that I'll lose weight, I just won't so you have to be able to accept it". And then I really rebelled and my weight shot up pretty quick.

I was bulimic once, whatever stuff I ate between Bonanza and here I would get rid of, I did this for two years and then stopped it. I did it as a tool, when I realized what that the ultimate effects were then I stopped it. It was a kind of a to-do thing on my diet list. A couple of years ago my thinking would have been a lot more negative, now I understand weight gain and take a lifestyle approach towards eating.

In the following quotes Cherry describes the societal and familial influences. What is notable here is the reinforcement of dieting that Cherry has gotten from her family and from her work. As well, Cherry talked about her feelings on how society biases against overweight people so that even she has found it hard to think that anyone would ever be attracted to her.

Societal and familial affects on self perception

I had that reinforced in my family. Last year my sister told me that if I lose weight then I could fit into my a wedding dress. My family gives me the sense that they will disappointed if I haven't lost weight. They are always telling me about all the diets.

What do you think is the reason that women have more eating problems than men?

I think its the social pressure on women to lose weight, a guy can be kind of husky and still be considered attractive. If you watch a TV show, the heavy girl is never the one with a boyfriend, she may be the one that the pretty girl comes to for advice or who is pals with the good looking guy. I think that attitude is reinforced in my family, that it wasn't going to happen unless you lost weight, that romance wouldn't be there. I think that's very much in our culture. This is in contrast to the image of the heavy black woman and her feeling attractive. You don't see that with the white women, like look at Roxanne, no matter what she does or succeeds the media will make fun of her. I think that she's done so much more than gain weight, but that's the only thing that matters to them.

How does it affect you in love relationships? In some ways, this relationship I'm in now I've been in for about a year and a half is the first real romantic relationship that I've been in. I've just never believed it could happen to me because I was heavy, so in the past I would think that something was wrong with a guy if he did want to go out with me. Now I'm more comfortable.

In this last set of quotes Cherry describes her own perceptions about her eating patterns and her feelings on her body and eating patterns. Her reference to emotional eating and hormonal eating is also discussed in Chapters 2 and 3 as one of several explanations

for eating disorders. Of interest here is the emotional stability and acceptance that Cherry demonstrates. She does not show any accompanying emotional disturbance because of her excess weight. She indicated her attitude has improved especially after taking a lifestyle-eating course run by a dietitian. Cherry described the benefit of such a course was not that it helped her diet but instead that it increased her understanding so that she doesn't denigrate herself about her eating or her size.

Self awareness of body image and eating patterns

I've never gotten down to a weight that I would be happy at. I would be happy at 150 or 170.

Describe how you felt about your body when wasn't at the weight you want it to be? I can't say I have ever felt good about it.

I get into emotionally eating sometimes. Like the other day, I said to my friend that I have to chew out a lot of anger and I don't think that celery is going to do it.

I'm very hormonal, if my mood's not good, then I'll blame problems on my weight. I tend to get more emotional at certain times in the month, like this is that weekend that I think everyone hates me and I feel slighted easier. I keep a fairly close diary and realized that it was occurring at certain times of the month. I think I've been affected professionally because of my size maybe not getting opportunities because of my size. Or I would think that I don't work out in a relationship because of size. I do think it's responsible for a lot, but I still haven't been able to get rid of it.

How do you feel when you're eating? Fine.

Cherry was willing to discuss her eating patterns and weight concerns and was candid about her thoughts on the overweight persona that has affected her family, work and romance relationships. Despite having to deal with the frustration of weight gains and societal bias, she is a successful women with a healthy self-esteem. Cherry exemplifies a case of obesity existing without any excess emotional baggage. She is an argument against claims that eating disorders are always pathological or linked to problematic upbringings. Her insights portray a woman who has struggled with somatic aspects of an eating problem, but she also illuminates the corresponding frustration she has felt. In the next section quotes reveal a woman with a very different problem. Sandra has not had as chronic of a weight problem throughout life like Cherry, but instead has shown drastic cycles of weight gain and loss linked to her emotional well-being.

Commentary of Sandra's Eating Disorder Perspectives

Sandra is a well-educated woman who has studied education, psychology and a great deal about eating disorders. Because of her knowledge she was able to articulate her

feelings and experiences. As well, she was able to hypothesize as to why she has had such eating and related emotional problems and why women in general and specifically have eating disorders. Sandra describes family and marital factors in her life that had frustrated her and induced her poor eating habits. Her feelings about her body and her self-worth are intimately linked so that her comments on eating reveal her upbringing and her emotional status. In the following quotes her description of her family and how she thinks it affected her indicate some origins of her eating problems as well as her self-identity problems.

Family Factors

My mother didn't have time and energy to give us attention. It was like she was in her own world and we were just little moons revolving around her sun.

I hate to say how horrible my family was, but we were crazy. So my obsession with food started with that.

My shopping trips with my mother were awful, once she took me to a maternity shop for a housecoat. "Don't tuck your shirts in, they make you look big." My mother would always say you just don't get fat or divorced.

My dad used to always push chocolate bars on us kids as a token of his love. I wish I could cut off parts of myself, I'd do anything, diets, fasting and all the while doing meal preparation. But nobody noticed, it was like being invisible. Thank god I wasn't really fat.

I was like an emotional retard, like Alice in Wonderland, I grew up with the world upside down, inside out world. I'm out of that mirror world. I have to learn to trust what I didn't trust and hate what I loved. I dealt with my alcoholic dysfunctional family.

And my mother, I hated her, I'm angry at her.

I mean I grew up with Twiggy, my brothers all had thin girlfriends and my mother was thin, even I was thin until I hit adolescence. I am not naturally a fat person, its because of my compulsion.

Food was a loaded issue when I was growing up and we never had enough, I could eat six oranges but I could only have one. Fruits and chocolates were connected to good emotion. When I was sixteen a picture of a fat obese woman on a birthday card devastated me. The rest of my family were normal eaters and have remained so. Some of my brothers and sisters are alcoholic now. I can't stand drunks. I don't want to be near them.

Having this weight problem became for me the explanation why I couldn't do anything. It was coping, it helped me cope with the crazy situation I had at home, if I had looked at the real issues that bothered me, I wouldn't have been able to change my family.

Sandra described a family situation that was closed and uncommunicative. It was a family that focused on mother's problems and that linked food closely to emotional

rewards. Despite the psychological problems that Sandra indicated that she had incurred because of her family, she also said that her eating disorder and dieting obsession gave her something to focus on outside of herself. Sandra seems a classic case of an eating disorder as described in the literature in that she has the dysfunctional family background noted by experts such as Bruch (1973) and by Roth (1978). In addition, the school counsellor described teens from family's who were essentially uncommunicative. That Sandra found the eating disorder a helpful crutch in adverse circumstances is another theme reflected in the literature and in the school counsellor's data. Margaret described a teen who stated that she knew that she had problems underneath her eating disorder but that she wasn't ready to dig them up yet. Sandra in a similar way said "Thank God I had an eating disorder" when she referred to her upbringing and her marriage. In the following quotes Sandra describes how her emotions and stress levels are involved with eating.

Perceptions of Emotional Reactions to Stress Being Related to Food

And then the whole thing started with teenage sexual attraction, I was terrified of boys. I had crushes on boys, but I had no boundaries and if anything should have happened my fat could protect me.

When my husband and I lived in Scotland, I would be isolated and not get to talk to other people for long periods of time. I remember when I was that isolated just eating and eating, being stuffed but still just keeping on eating. I didn't have a real sugar thing, I would have well-balanced binge. I would binge on whatever was in the house.

I see it now as stuffing down emotions and the closer they came to consciousness, the more desperately I would work to keep them down. Plus it made you feel that you existed, so that if you're full and uncomfortable, then you know you're there. If you don't get that from people then you don't know you're there, not unless you're reflected back. People have to reflect back to you that you're worthy, so that no matter what you try you have to know that you're worthy, not useless. You don't know who you are unless you're in a relationship.

I've had about four serious relationships since my marriage ended and in each one I have that problem of being like a chameleon, being what they want me to be. No honestly, I didn't know myself so I would just do and be what I thought they wanted of me. That's been my pattern. It's like my eating disorder follows me around.

My degree gives me a good feeling of security. But trying for five years to deal with the marriage and separation was difficult. I think of my problem as being totally out of touch with my feelings. Any emotion or any feeling, I'll eat or not eat. I can't understand why I'm so obsessed with my weight, I'm successful now.

Last time I fell in love, I stopped eating a lot, quitting meat completely and started eating lots of popcorn, lots of lettuce and lots of coke. Enough so that when I finally collapsed my blood was still normal enough, it was just the quantity and the stuff that I wasn't getting enough of.

Over last summer I lost more weight and I got so much attention. Like suddenly I was the center of the attention and it was very threatening and I didn't know how to deal with it. And it was all kind of unreal because I don't really trust people.

I remember a worst time when I was terrified of gaining weight, I started gaining so I took some ipecac, and I was so sick. From about eight to two in the morning while my daughter was lying on the bed watching TV and I said I'm okay to her. I knew I had hit rock bottom, I felt very detached; a logical me and a raging me. At one time I was afraid I was going to kill myself. I felt like I was in a fog state, walking around with a bubble around you, like a fog of liquid ice, you can see everything but its filtered through this fog. There was something inside of me that guided me during this time, I have a strong faith.

My weight fluctuations go from 125 to 185. If my life is heavy, my weight is heavy, when my life is happy, my weight is down. Then when I hit a crisis, I go even farther down in weight. In my first year of teaching I ate a lot but not out of weight concerns but from exhaustion. I'm a fatigue eater, its like my brain and body don't communicate. My only time of guilt free eating was when I was going to aerobics, but then sort of became a compulsion.

When you try and control what you eat, you are powerless over food, your mind cannot determine what you eat, by admitting that you are powerless and you have no control over food. It's to get rid of the compulsion, of getting to a point where food isn't connected to emotion. It isn't the food, its the thought, food is just a symptom.

When I'm thin I'm all powerful, thin to me is power. When I'm fat, I feel there is a lot of things I can't do, that I don't deserve to get love. I wouldn't try getting into a relationship when I was heavier. I was so surprised when this man was infatuated with me. Now I'm trying to work out this feeling about of myself.

I don't know if my marriage could have worked, eating was a way to keep everything down, it served me well, I thank God for my eating disorder, its such a neat and clean disorder. If you go to a meeting they are all clean and well kept, not like a drug or alcohol meeting.

My weight and that compulsion becomes the be all, end all. You are a liar because you use all your energy to keep all the problems down so don't have energy for love.

Sandra's articulations reveal a woman who has been successful with an education and career but who has struggled with emotions and with her obsession with food. She mentions feelings of a loss of control over her eating especially in circumstances that are stress provoking or in what she calls emotional crises. She recognizes that she uses foods to deal with these other stresses and notes that food has helped her but has hurt her physical well-being and self-esteem. Of interest in the above quotes is her expression of the frustration and powerless feelings that give a personal voice to the subject of eating disorders. In these last set of quotes Sandra speculates on reasons why women are more prone to eating disorders and why not all women. She states that is because they are unable to love themselves, had childhood problems, because of women's sensitivity to

cultural pressure, that eating disorders are an acceptable compulsion and that she thinks women are just naturally more empathetic and nurturing - this, she reasoned, caused them to be closer to food and more vulnerable.

Why are women more prone than men to eating disorders?

I needed some extra help other than my consultation with my doctor so I joined this support group, called Overeaters Anonymous. I remember the first meeting thinking that the women are so down on themselves. I couldn't understand why they couldn't love themselves, then I realized I didn't love myself either. The program is based on the 12 step program whereby you recover physically and spiritually, the people are there for you 24 hours a day. I realized eating problems just isn't an intellectual thing, there was even a dietitian that even struggles with it. Its open and anyone can come. There was a lot of childhood problems that people had like sexual abuse. A lot of crazy stories.

For women it's the sensitivity thing. Its a little bit of everything. I think that women play into it because of the cultural thing, that makes it just that much easier to choose food as your compulsion.

I went through that feminist stuff, I had the thoughts on this before I developed the eating problem. Women as opposed to men, maybe because women are more nurturing. I can't deny my nurturing ways, I even tried to become more like a boy, likewhen I was tomboy during my childhood

Its harder for women to live in this world because of getting messages from advertising with images of love and we believe. Some people are more psychically sensitive and internalize the messages. I mean I grew up with Twiggy, my brothers all had thin girlfriends and my mother was thin, even I was thin until I hit adolescence. I am not naturally a fat person, its because of my compulsion. I think that its too easy in our society, if you turn to the world out there, it can really screw you up. You need to develop a goal or a spiritual belief.

I think women are more naturally inclined to be more empathetic and nurturing. I think some women don't get it if they have a strong sense of self. A garden metaphor describes how I didn't know myself: I didn't know I had a garden, or a gate. I would be planting flowers and the pigs would come into my garden and rip it up and I wouldn't do anything about it.

Judging goes on all the time about people, bodies are public property, I wouldn't eat anything in public because people would think "how can she have dessert when she's so fat!" For beautiful women, this judging works against them, like the women in the ads, I have a little girl who is beautiful and I look at her think that I'll have to raise her differently because shes going to get more attention. Like when people reacted to me so positively when I was thin.

In our society we are obsessed with the physical looks. People in our society are prejudiced against fat. I've lived this disease for twenty years, it is more than the male/female thing. I played both sides of it.

It's a clean compulsion, if you go to a meeting they are all clean and well kept, not like a drug and alcohol meeting.

Sandra is a women with several emotional problems that are linked to her eating patterns. She recognizes social influences on women that lead to excessive dieting and identifies personal factors in her upbringing and her personality that make her vulnerable. Her comments reflect some of the literature findings on the social and familial factors involved with eating disorders. Most importantly her insights provide a sense of her experiences with eating and her emotions that she relate to eating. Of particular interest in her descriptions of eating disorders is the idea that it was a clean compulsion, a socially acceptable one. This insight lends credence to Osford's (1986) study that describes excessive behaviors or addictive behaviors as sharing similarities in that they were all compulsions and in some cases symptoms of repression. In this way, eating disorders can resemble alcoholism, drug abuse and other addictions.

Sandra has not yet reached a life-threatening stage of eating disorders and her self-reflective abilities will probably serve to correct her future eating behavior. Her descriptions of her upbringing and her emotional eating were of a more psychological nature than were Sherry's (whose weight has been far worse, but who has not linked eating to emotions as closely). The differences between the two eating disorder women does not suggest that one is worse than the other, but instead reflect the individuality of eating problems. As the women and the professionals interviewed all stated, society may trigger the mindset for excessive dieting, but it is in the individual and her life that each is played out in its own unique way.

Comments and Conclusion

The following tables and preceding quotes can provide a local overview of treatment and experience of the eating disorders. It was hoped that interviews with different professionals who work with varying populations and interviews with women with different types of eating disorders would provide some common insights and well as reveal where individual approaches and experiences are involved.

The professionals interviewed all provided some common descriptions on the symptoms of the eating disorders, suggesting, that diagnostically, agreement exists, particularly with the more severe eating disorders. As the eating disorders become less severe such as compulsive eating or obesity, then there is less agreement on the the diagnosis: whether it is an eating disorder or pathology or if it is a reflection of bad eating and exercise habits. They all seemed to agree that the societal preoccupation with body-image makes some women vulnerable, but they all added that other factors are usually in

play, in some cases it was a significant male in their lives, in other cases it was stress, and yet in others it was upbringing. What was notable was that in all their treatment approaches, they were concerned with the eating problem first and only then attended to related emotional factors. This meant getting trust and establishing helpful relationships for their clients or patients. It also meant letting the girl or woman feel that she has some control and letting her voice her underlying emotional problems only when ready. It was valuable to interview these three professionals because they demonstrated the varying levels of local approaches and how those approaches are in part determined by their patients' needs.

The interviews with the eating disorder women provided the experiential and emotional tone to a topic that is discussed from several possible perspectives . While their interviews reveal subjective data it does not differ significantly from the related literature. These women give voice to and illuminate women's problems with eating.

This is a study of the individuals' perspective on the eating disorder problem and the professionals' perspectives on treating the person with the eating disorder. Essentially, this qualitative part of this study adds one more dimension to a multi-dimensional study. While this interview study does not elicit a new definition on eating disorders, it does articulate the voices of women on a predominantly female problem. This was particularly possible when each of the women answered the question of women's eating disorder prevalence and why all women aren't afflicted with eating disorders. Each women responded to indicate factors of social influences and qualities of empathic sensitivity or vulnerability which they attributed more often to women. The answers to the second question suggested greater degrees of individuality at play, so that females with eating disorders may have associated psychological problems or are more sensitive than the average female. Although they didn't all identify family effects, the school counsellor and the eating disordered women both describe dysfunctional families. Overall the presentation of their comments show the emotional and individual experience of women with eating disorders. In the following pages, tables that summarize each of the interview's data are presented as reference and quick reference of each co-researcher's issues.

Summarizing Tables

Table 1: Pat: Psychologist on Eating Disorders

Themes	Abbreviated Accounts of Themes
Explanation for weight fluctuations	Weight gain that is slow and steady throughout life is due to eating and lifestyle. Extreme weight cycles may suggest personal and emotional problems. Can occur from emotional reactions to relationships or be due to determined efforts to lose weight and then a regression back to a less healthy lifestyle.
Types of eating disorders in the population that she sees.	Persons with absolute rigidity towards foods. Overweight with and without emotional concerns. Bulimics. Food bingers. Compulsive eaters. Some with body image dysfunctions. Most want to regualte their weight and get control of their lives.
Why eating disorders are prevalent in the female populations and why not found in all women?	Most women concerned with weight and appearance. Lack of control in aspects of their lives. Many may not be assertive or remain in relationships in which they have little control. Sociocultural factors make all women vulnerable, other factors added like families that substitute food for emotions or that emphasize looks for success.

Table 2: Margaret: A High School Counsellor on Eating Disorders

Themes	Abbreviated Accounts of Themes
Prevalence of Eating Disorders:	Anorexia and bulimic types are the same, but the numbers have increased
Identification of Eating Disordered Kids	Referred by friends, coaches, teachers especially CALM teachers; some kids leave notes but most refuse to admit that they have eating and possibly psychological problems.
Treatment of Eating Disordered Kids:	Since the kids are not willing to come in but often angry and uncomfortable that seeing a counsellor makes them different, the first objective is to make them comfortable, then connect with them or refer them to someone they can connect to, work on their issues.
Getting Kids Comfortable	Get them talking about career goals and school. After about half an hour, introduce the subject gently, "I tell them a few friends are concerned aoubt her, this often starts the tears." The setting is important so things in the office are comfortable and appeal to the kids. Get their confidence and let them pick out other professionals themselves. Let them know that you support them and that you will be watching them
Events or triggers of the eating disorder pattern	Need to please father. Loss of boyfriend to prettier and slimmer girl. Wanting to fit into a graduation dress. Stress of school work. Need to be successful. Information from health class or books that made girl realize she could be thinner if she starved and purged. Wanted parents to be proud of her.
Issues of Eating Disordered Teens	Don't like to look at their bodies in the mirror so their image is in their minds eye. Don't want to look or be like their mother. Don't want to deal with psychological or emotional issues. Have rigid eating behaviors. Some come from dysfunctional families that are characteristically consumed with success. In their struggle against being bigger, connect success with thinness. Connect lack of love from "important other" with own body size. At some point, connect their self-worth with physical appearance.

Table 3: Lily: A Dietitian on Eating Disorders

Themes	Abbreviated Accounts
Weight fluctuations	Depends on population: anorexics go to below 30% of body weight, compulsives go to above weight, bulimics same weight due to purging. Inpatients more severe. Rapid weight fluctuations suggest bingeing and purging Fluctuations over a year suggest periods of starvation.
Types of patients seen at hospital: inpatient and outpatient.	In both groups: unstable, some previous admission, some accompanying problems like depression, compulsive eaters usually outpatients, exercise compulsion characteristic as are distorted body images. Many overweight and compulsive eaters and bingers have tried variety of diets. Anorexics are usually younger. May experience a complete personality change with eating disorder: becoming vacant and isolated.
How do patients feel about and perceive their bodies?	All feel fat, some anorexics intellectually understand that they are too slim, but just can't feel good about their bodies when they see their image. After treatment and therapy some are able to accept their body size.
Possible factors for eating disorders	Accompanying affective problems, at 13 or 14 years of age starting to have concern about body shape. Often have mothers who have dieted and fathers with exercise compulsions. Peers may provide examples and purging instruction. Pressure from family and friends to be slim. Dieting all their lives. Urge to fit ideal body image.
Treatment for eating disorders	Inpatients stay for about 3 or 4 months. Meet with multi-disciplinary team. Severe cases are closely monitored to ensure eating, limited exercise and discourage purging. Put weight on then deal with psychological issues. Education of nutrition important part of both inpatients and outpatients. Eat meals together for support.
Unusual eating patterns of eating disordered	Most feel they have to exercise to burn calories. Cycles of dieting and bingeing. An anorexic might fill up easily and feel bloated and very guilty. Need to know what their definition of a binge is, an anorexic might consider it a binge when she eats a whole muffin as opposed to a half. Bulimics and compulsives may have a line that once crossed, justifies bingeing.

Table 4: Cherry's Eating Problems

Themes	Abbreviated Accounts on Themes
History of eating patterns	4 lbs at birth, doctor encouraged weight gain so always fed lots of food. Childhood eating patterns included three large meals with lots of snacking. Lots of butter on everything. For many years would skip breakfast and lunch and then eat a lot later in the day. Now try to eat when hungry.
Weight Fluctuations	Normal weight until kindergarten then always overweight: 130 lbs at 16 years of age. When dieting began at 16 weight increase occurred after each diet. Cycles of loss and gain of 20 to 60 lbs. Usually now 10 lb fluctuations. Present weight at 250 lbs.
What do you think is the reason for the weight fluctuations?	Crash dieting. Emotional eating particularly during premenstrual period. Belief that weight loss and slimness would make possible a love relationship leads her to diet, giving up leads back to overeating.
Family and society affects on your eating.	When young encouraged eating, now family always encouraging dieting, they're disappointed in my size. Romance and job opportunities considered incentive to diet.
How weight affects perceptions of self and quality of life.	No remembrance of feeling good about body. When hormonal, life's problems are blamed on weight. Reduced professional opportunities. Unable to believe romance possible when heavy. Consider self effective despite weight.
Reasons for women's weight and eating problems and not affecting men.	Social pressure and media messages on women to be slim. Environment that promotes eating yet punishes overweight.

Table 5: Sandra's Eating Disorder

Themes	Abbreviated Accounts of Themes
Perceptions of Family Factors affecting her Eating Problem	Came from a large family (13 kids). Unable to discuss problems or accept help from others. Father was alcoholic and beat mother. Mother slim and attractive; a perfectionist, she was sick, and had little time or energy for children :emotionally distant mother. Parents had traditional expectations for girls: marriage and career. Food was used as tokens of love. Family not supportive or protective, Sandra felt neglected. Her sis had eating problem, started dieting and laxatives at 16.
Childhood memories subject perceives as possible links to her life-long eating problems.	Perceived self as Tomboy. Thought men and boys got preferential treatment. Happy but no sense of self. Hint of sexual abuse in family. Memories of mother breast feeding her at 4 years of age; attributes this to mother's grief over miscarriage. Responsible household chores : maternal child looking after mother. Shopping trips demeaning.
Adult factors subject perceives related to her eating problems	Married, and persevered in a bad marriage. Socially isolated for years while posted overseas. Unable to know self and needs. Tends to act way she perceives people want her to be. Bouts of depression and physical illness. Caring urges Self as emotional retard.
Eating and dieting patterns	Normal meals as a child, as teen began dieting. Sarted to weight fluctuations. Dieting as obsession. In high school was 165 lbs. Socially isolated and began binging. Won't eat in public. Overeats when tired. Aerobics part of weight control. Weighs self 3 or 4 times daily.
Description of dysfunctional eating	Emotions as big part of eating. When in love, stops overeating and when relationship breaks up overeats. Diet limited to popcorn, 4 heads of lettuce daily and coke. Some foods eaten to induce sick reaction. Overeating occurs in trance-state. Allows self 3 carrots carefully cut up daily. Bad gag reflex so no purging but took laxatives and ipecac.

Table 5 continued.

Perception of self in relation to image and eating patterns	Weight problem allowed coping explanation for failures and problems in life. Teen attraction to boys was scary and fat protected her from their attentions. Wish to cut off parts of fat self. Ate to stuff down emotions and to feel uncomfortable because this gave subject feeling of existing. Always sees self as fat even with loss of weight. Recognize that she gets positive attention when slim. Likes the feeling of boniness. Hate body except for face and breasts. Said, "When life is heavy, weight is heavy" which captures her sense that when she is fat she feels unable to do things, and when she's thin she feels powerful

Chapter 5. Explorations on Theories of Narcissism and on Women's Eating Disorders

Introduction

As stated in the introduction, the overall purpose of this study is to investigate women's eating disorders over a range of abnormal physiological and psychological behaviors that are related to eating. The literature and research review summarized explanations and treatment approaches for women's eating disorders. The interview-discussions with professionals who encounter eating disorders in the schools and hospitals and treat different aspects provides a sampling of local approaches and the interview-discussions with two eating disorder women provides a sampling of individual women's histories and experiences with eating disorders.

Overall, the literature review and the interviews provided a range of subjective and objective data that remains inconclusive. There is not one common denominator in eating disorders, rather, a cluster of many. However, from the broad range of eating problems and eating disorders reviewed, common physiological, socio-cultural and psychological issues surface. The three core issues that are evident in the research and personal accounts of eating disorders are women's psychological boundaries, self-image and communicative abilities otherwise referred to as "voice" in this thesis. As well, it seems that the degree and severity of eating disorders relates to the degree of one's healthful functioning in each of these three core areas of concern.

Psychological boundaries, communication abilities and image may well be the commonalties involved in addressing the first question asked in this study: why are eating disorders more prevalent in the female population? The second question, "Why don't all women have an eating disorder?" may be attributed to insufficient functioning in one or more of the core issues identified above. To substantiate this claim, a reference back to the character and behavior descriptions in the literature review and the interviews shows that persons suffering from the severe eating disorders, such as anorexia and bulimia appear to be at the severe end of unhealthful functioning of psychological boundaries, self-image and communicative abilities; hence they are extremely vulnerable to the societal pressures to be slim and attractive.

Before entering into the essence of this segment of the thesis, let me outline the flow of the discussion to follow. First, I discuss a rationale for using narcissism myth and theory and related metaphors for this essay. Freud's seminal ideas on narcissism, Lasch's socio-cultural analysis of narcissism, and Schmookler's analysis of evolutionary and

unconscious aspects of narcissism are then summarized. Following each of these summaries, an interpretation of their ideas relevant to eating disorders are discussed.

Later, I discuss the range of metaphorical applications in literature, philosophy, education and psychotherapy. The key ideas from narcissism theories and the metaphors from the narcissus myth are compared to the core issues of eating disorders. The Echo metaphor is used as a symbolic representation of individual and relationship pathology, of lack of communication and interpersonal distance, and as a format for considering childhood experiences that contribute to eating disorders. These personal and interpersonal problems are important because they are, it seems to me, at the heart of the psychological underpinnings of eating disorders.

Next, the boundary metaphor is described to represent confusion between illusion and reality and also to describe boundary permeability. Boundary can also describe a process of introjection and projection. Some of this process is associated with binge eating and is discussed. The eating binge, conceived in this way, is a defensive reaction to an emotional battleground. Further conceptions of defenses are considered within the framework of boundaries.

Finally, an image metaphor is used to symbolize aspects of mirrors and reflections. The self-preoccupation with self-image that is core to dieting is also considered. Inherent to this idea is the understanding that image is important in a society that promotes the type of superficial mindset Lasch described. Some of the factors in society that foster the image-preoccupations and set the stage for eating disorders are described. Ultimately, it is maintained that overvaluation of image not only is an important factor in eating disorders, it also prevents one from "knowing thyself," that is, from self-knowledge.

Integration of Core Issues with Parallels in Narcissism

The eating disorder core issues, boundaries between self and world (food, other people and reality), communication problems or lack of voice, and a dysfunctional body image, can be productively compared to concepts in classic theories of narcissism. Three corresponding symbols or metaphors are found in narcissism myth and theory: boundaries between Narcissus and his image (the mirror-like pond); Echo's inability to articulate her own thoughts instead of merely echoing others; and Narcissus' distortions of body image and his obsessive fascination with that image.

Narcissism myth and theory has been widely used to explain psychological and socio-cultural phenomena and in this thesis theoretical applications of narcissism are isolated to illuminate women's eating disorders. In the literature review and interviews the

degree of eating problems is conceptualized along a continuum. In a similar way narcissistic behaviors and traits occur along a continuum so that narcissism is both an aspect of "normal" human behavior, as well, in more severe cases, pathological behavior. Further parallels between developmental processes in narcissism and eating disorders are considered later in this thesis.

Overall, conceptualizing parallels between eating disorders with narcissism myth and theory does, hopefully, add to existing understanding of women's eating disorders. I forward an approach in this essay that symbolic interpretation of eating disorders can effectively integrate conceptual understanding of larger social issues with individual psychological and physiological issues of eating disorders. As an aside to the reader, my approach to this topic could be described as "big theory" and is articulated in the tradition of Alfred North Whitehead's approach. It is an attempt to integrate strands of several theories into a cohesive statement of human nature and social conditions that relate to female eating disorders.

A Rationale for using Metaphors

Ortony (1975) indicates the etymological meaning of metaphor is "transfer" (from the Greek meta [trans} + pherin [to carry] and provides further elaborations on its meaning.

> According to Aristotle a metaphor is a means of comparing two terms and this view is shared by Richards [The Philosophy of Rhetoric, 1936] who classified the two terms and the relationship between them as 'tenor' (topic) of which something is being asserted, the 'vehicle', the term being used metaphorically to form the basis of the comparison, and the 'ground', namely, that which the two have in common. The dissimilarity between the two terms being compared determines what is called the 'tension' (Randall-Young, 1990, p.43).

Metaphors, myths and symbolization were defined earlier in the thesis. Metaphors were defined as figures of speech in which a word or phrase denotes one kind of object or idea that is used in place of another to suggest a similarity between them. Myths were defined as parables or allegories; legendary narratives that presented part of the beliefs of a people or explained a practice, belief or natural phenomena. A handy example of both metaphor and myth is the story of "Pandora's Box". It is a metaphor when one says "it's a real Pandora's box" to describe a situation replete with troubles that shouldn't have been pursued. It is also considered to be a myth when the telling of the story reveals societal

beliefs on greed and curiosity and explains humanity's troubles. Both metaphor and myth are therefore considered to be symbols.

With a brief rationale I described how a metaphor is conceptualized in this study. Metaphor is used as a symbol for representing both the underlying psychological and the visually apparent problems of the eating disorder. In similar vein, myth is used as a large metaphor in which its parts and characters as well as its storyline symbolize repressed or dormant eating problems. The appeal of the narcissus myth is its symbolic value for love gone wrong in the face of obsessive vanity, and, at a deeper repressed level, for a problem with self and others as a result of distorted self-image. The narcissism myth allows not only parallels of narcissism with eating disorders but connects many aspects of human nature and social conditions. In the following section I summarize Freud's key ideas on narcissism and compare them with some important issues in women's eating disorders .

Freud's Narcissism

Freud's formulations and explanations of narcissism were developed over the course of several years. In 1890, he described narcissism as a necessary intermediate stage between auto-eroticism and object love. He reformulated his explanations of narcissism in later writings, in particular; "On Narcissism" (1914), "Three Essays on Sexuality" (1905), Totem and Taboo (1924) and Group Psychology (1921). As well, Freud refers to narcissism in several other essays.

The most conclusive writing on the subject is found in his now classic essay, "On Narcissism". Here Freud articulated several critical ideas on the instincts, the libido and ego and object love. His 1914 paper included four key ideas: that narcissism occurs at stages of sexual development; that narcissism represents deep problems in the ego's relations with external objects; that narcissism can be conceptualized with the distinctions made between the ego-libido and the object-libido; and, functioning of the narcissistic aspects of ego-ideal and a self-regarding agency (later labeled by Freud as the superego). The concepts that Freud developed in this paper continued to need clarification for years after, and even now, narcissism remains an imprecise concept theoretically. In fact, Freud himself admitted to an uneasiness about his viewpoints on narcissism in a letter to Abraham months after "On Narcissism" was published. He stated that it "had been a difficult birth and shows all the deformations of such" (Gay, 1988, p.339).

However uneasy Freud was about his concepts about narcissism, he did manage to illuminate how narcissism can be conceived as an aspect of human nature and when it is carried to extremes, as a mental illness. Freud contended that initial understanding of

narcissism came from those instances of narcissism which can best be identified by studying persons with organic diseases or in studying the normal erotic life between the sexes. And, as stated in Freud's later writings, variations of narcissism occur as secondary psychological problems in melancholia and masochism. Its relationship to masochism also assumes considerable importance in this analysis of eating disorders.

Freud contends that in all of these conditions there is a movement of object cathexis to ego cathexis. Freud defines "object" as the loved object or person. Object cathexis he defines as an investment of libido in an object. Ego is defined as an aspect of the self, person or individual that is in contact with the external world, it is the reality-perceiver part of the psyche. Ego-cathexis is the channeling of libido onto an object in the ego. In other words, in a state of sickness, imagined sickness or unrequited love, the energy that is usually directed at a lover is withdrawn and directed back at the ego or an object in the ego. Freud also describes the antithetical nature of the ego-libido and the object-libido in "that the more one is employed, the more the other becomes depleted" (Freud, 1914, p.76). Freud suggests that this mechanism operates in all normal and pathological behavior because it is part of an instinct of self-preservation. He describes it as the libidinal complement to the egoism of instinct of self-preservation (energy for self-preservation).

Freud bases his formulation of the object cathexis to the ego cathexis movement on its occurrence during sexual growth stages, particularly those stages in which a person is confronted with a confusing array of identity issues that threaten self-esteem and self-love. The adolescent stage has been identified as the stage when ego cathexis is most likely to occur. This is a developmental stage in which sexual maturation of the body and drives and the conflicts of love of self and others become mixed up with identity issues.

Freud does not link factors of ego cathexis and object cathexis with the initial sexual stage in infancy but instead referred to it as a form of primary narcissism, in which the object is never conceived as external to the self but is internalized in the ego. In other words, at infancy the baby "claims" the mother as a part and extension of himself and does not recognize mother as an object in the external world. The ego goes through no cathexis because the object of choice is contained within the ego already.

Freud's ideas on object cathexis and ego-cathexis have a basis in an ego self-preservation instinct that may well be a part of human nature. Ego survival tactics such as the ego cathexis protect the self when esteem is threatened, so that the withdrawing into the self provides a safe domain until needed energy and confidence is reestablished. Here the overinflated feelings of superiority and omniscience characteristic of narcissism are necessary tools of reconstructing a damaged ego. The object cathexis can only occur safely

when the ego has been bolstered and is secure again. An inability to cathect back to an ego-ideal is described in Freud's explication of low self-regard and in the states of masochism and melancholia in which self-destructive tendencies are noted. These situations will be described once the development of ego and ego-ideal is discussed.

In Freud's view the ego and ego-ideal emerge in a process of nurturing. The dependent child develops an image of a "perfect and all-powerful" object (the mother). This image is internalized to become his ego-ideal, and from that ego-ideal, come all the expectations and aspirations on the self to live up to a "perfect and all-powerful" ego-ideal. Early stages of such ego internalization are repeated throughout life with each new loved object. Internalization of the attributes of the first loved object stays with a person, so that in the setting of a new love that is similarly nurturing as was a first mother love, a person internalizes those new set of attributes along with another set of impossible standards.

The ego is measured against the ego-ideal, the ego that judges and watches the self. Described by Freud as self-regarding agency, the ego monitors and is bolstered by behaviors that ensure that one measures up to the internalized ego-ideal. As a consequence the extent of the self regard will in turn be an expression of the size of the ego. Therefore with certain successful experiences in one's life, one's self-regard is increased because the ego's high standards of achievement approximate the high ego-ideal standards. Put simply, if one perceives that one has done well, then one will feel good about oneself.

The self-regard can, in turn, be linked to the narcissistic libido, since in order to maintain a high self-regard one must be loved by their object-choice as well have a love for self. When the erotic cathexis are ego syntonic, in other words, when love is given to and received from a "significant" other, high self regard is maintained. Given the above, when love is given but not reciprocated, then one experiences lowered self-regard. As Freud put it, when the libido is repressed, the erotic cathexis is felt as a severe depletion of the ego in which the withdrawal to self love is the only cure. This means that when one person loves another and invests a substantial amount of energy which is not reciprocated the resulting depletion is felt as a loss of self. Some scholars interpret this depletion as a narcissistic injury.

Self regard flourishes in three psychological conditions: the primary narcissism which is a residue of infantile narcissism, the fulfillment of ego ideal and finally, the satisfaction of the object libido. Expressed in non-psychoanalytic terms, these three psychological conditions might be described as sufficient feelings of security felt during infancy that maintained the child's necessary feelings of continuity, that a person is living up to their ideals, and that a person is loved by an object of their love.

Unfortunately, a paradox frequently emerges from this; namely, a person with low self-regard will often seek out an object-love that possesses those attributes that he values (ego-ideal) yet lacks within his own make-up. This precarious condition sets a person up for even lower self-regard. The person with low self-regard is lacking in success and therefore is often unable to attract an object-love who has both success and high self-regard. In a sense, it is a case of "if you don't love yourself or if you don't have much about yourself to love, then nobody else will either". Frosch (1991) elaborated on this concept of self-regard to provide an explanation of depression and self-regard. Some people assess themselves as deficient with just cause, as opposed to those who do so because their standards of ego-ideal are unrealistic and can never be maintained. The final point assumes considerable weight in this thesis because one of the major themes of narcissistic theory is that low self-regard, even self-hatred, evolve from unrealistic striving for a perfectionist image born of a false self. In this thesis I spotlight the tendency for women to acquire unrealistic, "perfectionist" images about their own bodies, and to engage in self-destructive behavior in this pursuit.

Freud's line of reasoning on the nature of self-defeating love lends itself to further consideration of the narcissistic insult. In Freud's later essays "Mourning and Melancholia" (1917) and "The Economic Costs of Masochism" (1924) he described melancholia as the condition that occurs in response to a hurtful or broken relationship, the melancholic cathects the hurt of abandonment onto the ego. Identification of the ego with this hurt of the abandonment, in turn, results not in a heightened sense of self that is characteristic of ego-cathexis, but a denigrated self instead. Freud listed the following symptoms as part of the psychological profile of melancholia: a lowered self regard, a potential for self-punishment, a reduced ability to love and a cessation of interest in the outside world. The melancholic, like the low self-regard person, continues to pursue the wrong love objects so becomes chronically self-defeating.

Freud wrote further on the vicious circle of self-denigration in the "Economic Problem of Masochism" (1924). Here he described repression and transference as factors involved in low self-regard. In this situation, a person in a relationship with an object love choice who is sadistic cannot accept that their loved one is not ideal, as a result the person represses awareness of the sadism and, as well, their growing hatred of the sadistic partner. In addition, that person transforms sadism into a masochism so that the regression of love is stopped and the relationship is maintained at what Freud called a "sadistic preliminary stage."

This lends considerable theoretical insight into the perpetuation of what appears, to the outside observer, as an intolerably abusive relationship. In a couple, the sadistic partner is loved by the abused, eventually that abused person starts to hate the abuser, however that hate goes against the victim's ideal of that abuser and her ideal of the relationship. To save herself from recognizing that the relationship is destructive and to maintain her deceptive illusions, she instead blames herself for provoking the abuse. At this point she may become self-abusive with destructive behaviors such as unhealthy eating or starving, alcohol or drug abuse, or other forms of self-inflicted pain. Freud's explication of the various frustrated love conditions of narcissism demonstrate the importance of the role of relationships in his theory.

To return to primary narcissism and Freud's essay "On Narcissism" (1914), he describes this as a time when only two sexual objects are critical: the child, and the woman who nurses him. The sexual instincts and the ego instincts are therefore linked at the outset and later become independent. From this starting point Freud claimed that the primary caretakers of the infant become his earliest sexual objects.

Object choice, as described by Freud (1914), also lends itself to considering male and female experiences of narcissism. Freud describes how the link of sexual instincts with ego instincts result in infancy when the care-giver is the focus of the infant's love. This attachment implies a complete object choice. Freud attributed males with the ability to surrender to love in this way more than females are able to. Freud described the female's object choice as a narcissistic variety which develops according to the balance of her feminine and masculine characteristics. For Freud, the typical female is highly narcissistic because of a developed "self-containment" and "delight" in their selves. At puberty the maturing female sexual organs nurture an intensification of original narcissism, a state that is unfavorable to object-choice. Freud suggests that the social restrictions on object choice facing females also play a role in their limited object choice ability. Freud states that his formulations did not denigrate females. Rather, he contends that the narcissistic woman was valued because her narcissism is actually attractive, even arousing, to others. The following excerpt states Freud's description of females.

> Women, especially if they grow up with good looks, develop a certain self-containment which compensates them for the social restrictions that are imposed upon them in their choice of object. Strictly speaking, it is only themselves that such women love with an intensity comparable to that of the man's love for them. Nor does their need lie in the direction of loving, but of being loved; and the man who fulfills this condition is the one who finds favour with them. The importance of this

> type of woman for the erotic life of mankind is rated very high. Such women have the greatest fascination for men, not only for aesthetic reasons, since as a rule they are the most beautiful, but also because of a combination of interesting psychological factors. For it seems very evident that another person's narcissism has a great attraction for those who have renounced part of their own narcissism and are in search of object-love. The charm of a child lies to a great extent in his narcissism, his self-contentment and inaccessibility, just as does the charm of certain animals which seem not to concern themselves about us, such as cats and the large beasts of prey. Indeed, even great criminals and humorists, as they are represented in literature, compel our interest by the narcissistic consistency with which they manage to keep away from their ego anything that would diminish it. It is as if we envied them for maintaining a blissful state of mind--an unassailable libidinal position which we ourselves have since abandoned. The great charm of narcissistic women has, however, its reverse side; a large part of the lover's dissatisfaction, of his doubts of the woman's love, of his complaints of her enigmatic nature, has its root in this incongruity between the types of object choice (1914, p. 88-89).

Freud (1914) also refers to other types of female object-choice. One of them is mother love, which occurs because of an ability to transfer self-love to their infants and children and second, is a mannish-type of love. This is demonstrated in females who were more masculine in character during childhood and maintained a boyish mentality long after puberty. Here, Freud did not describe masculine love in a female as penis envy. However a "mannish" or "tomboyish" character can possibly be conceived in two ways, as a female idealizing a simpler male mentality or as an idealization of male opportunity. Karen Horney (1936) in her essay "Flight from Womanhood," states that the "fiction of maleness enabled the girl to escape from the female role now burdened with anxiety and guilt"(p.67). She further stated, that motherhood from a social standpoint, may be a handicap.

Freud concluded that there are two paths that lead to the choice of an object, first is characteristic of females, while the second type is more characteristic of males.

> A person may love-
>
> (1) According to the narcissistic type:
>
> (a) what he himself is
>
> (b) what he himself was
>
> (c) what he himself would like to be
>
> (d) someone who was once a part of himself
>
> (2) According to the anaclitic (attachment type)
>
> (a) the woman who feeds him
>
> (b) the man who protects him
>
> (Freud, 1914, p.90).

Freud's essays that are discussed above, introduced the core concepts of his theory of narcissism. In later essays such as Group Psychology (1921) and Civilizations and its Discontents (1924) Freud describes the narcissistic libido as a manifestation of the sexual instincts that have to be identified with the self-preservative instincts. Freud's ideas lend themselves to an investigation of human nature which go far beyond the initial definitions attributed to narcissism by Paul Nacke and Gilchrist in 1899 who used narcissism to describe prisoners. Overall, Freud, in his various formulations on narcissism, has attempted to tie in the vicissitudes of the instincts with the development of the mind and ego. He has integrated aspects of self and society and probed the dark side of love and attachment which, in turn, reveal a brighter side in ego-survival.

Explorations on Freud's Theory of Narcissism with Eating Disorders

There are key elements in Freud's ideas that lend themselves to describing, and in some cases, to explaining, eating disorders. That is perhaps why psychoanalytic approaches are worth noting for treating eating disorders. For example, Freud's concepts of low self-regard show how it flourishes in conditions of rejection and stimulates self-destructive behaviors, repression, and transference. These features of low self-regard may explain some of the personality and situation dynamics involved in the eating disorder.

Freud describes developmental and sexual aspects of narcissism that can help us better understand eating disorders. Consider the role that nurturing plays in bonding the ego and sexual instincts. Freud's description of this process can be extrapolated to occasions of "emotional hunger". This is a type of eating without tasting or being hungry that women report as an uncontrollable urge that must be satisfied. It is stimulated by disturbing emotions and stress. These have been reported by women as resulting from intimacy problems, Freud describes this as the primary arena of emotional investment because of the links of emotions to need fulfillment and the model of loving parent for the object love.

Freud's descriptions on the type of reactions to relationships are of two types: a type of "self-preservation" of one's cathecting love back onto the self when one fails interpersonally and a type of "self-destructive" of one cathecting hurt back on the self to eventually become masochistic to the self. The latter type internalizes the hurt and, in turn, punishes the self. This second reaction might explain why women overeat or starve themselves to the point of self-destruction. It is in Freud's assessment a form of masochism.

Freud also describes some of dynamics of male/female relationships that are affected, in part, because of the type of narcissistic object choice of men and women. He states that the complete love of object choice that is possible for men is not possible for women until they have a child. While I do not agree with all of Freud's formulations of male sufficiencies and female insufficiencies, he stated this position persuasively when he described the female problem being so because of a self-containment that develops in response to a budding attractive feminine body. It is an indisputable fact that adolescent fascination with looks occurs. However, this fascination is characteristic of both sexes, if not in Freud's time, then definitely, in modern times. Freud failed to acknowledge the societal effects on the types of love possible for male and females. The eating disorder literature and comments from the interviewees suggest that such self-contentment can be attributed to the cultural conditions. First, is the fact that the female body is the object of sexual focus more than is the male body and such objectification may breed self-preoccupation. As well, as the psychologist interviewed suggested, it may be that boys learn from a young age to learn to do things with their body, whereas girls learn to adorn their bodies or their doll's bodies.

Freud (1914) did conceive of narcissism in both the individual and societal realm of analysis. He considers the demonstration of the ego-survival strivings occurring in a range of narcissistic behaviors: from severe pathology found in mental illness to features of human nature that surface most apparently in adolescence in the form of "grandiose needs of a developing self" (Frosch, 1990, p. 97). Freud also described how narcissism functions in the arena of interpersonal relationships. Freud's articulation of narcissism as existing along a normal to pathological continuum allows a parallel comparison of how eating disorders occur along a continuum.

Eating problems parallel narcissism in that during adolescence the symptoms are the worst and their incidence at their greatest. Eating problem behaviors are like narcissistic behaviors because they fester in interpersonal relationships that frustrate the self. Eating disorders, like pathological narcissism, share traits of self-delusions and self-destructive behaviors. And finally, on the male-female differences articulated by Freud, eating disorders are more common in the female population, suggesting that a type of obsessive preoccupation of image is involved. The female fascination with image is consistently cited in the eating disorder research.(Basow & Kobrynoxisc, 1990; Sulieman, 1985; Brumberg, 1988; & Bryne, London & Reeves, 1968) Whether such prevalence indicates that such a fascination derives from a female inability to love or whether it comes about because of societal pressure involves a set of speculations beyond the scope of this investigation.

In conclusion, several of Freud's ideas on narcissism lend themselves to explaining a wide range of personality and social problems. Their applicability to eating disorders suggests a link between eating disorders and the disorders of the self typically associated with narcissism.

Lasch's Socio-Cultural Narcissism

Christopher Lasch, Watson Professor of History at the University of Rochester, has written several books of immediate concern to this thesis. I have chosen two books The Culture of Narcissism (1979) and The Minimal Self (1984) because they extend Freud's seminal ideas on narcissism into contemporary modern socio-cultural circumstances. Lasch describes dysfunctions in both society and the individual. He surveyed a comprehensive range of social, biological, historical and psychological factors and effectively situated personal problems in the context of a these multifactors.

Lasch's thesis progresses from an analysis of the big picture to a focal picture on the individual . In a narcissistic society an individual becomes a reflection of society by becoming a minimal self in a final attempt of psychic survival. To borrow an oft-repeated phrase "a [dysfunctional] society is the [dysfunctional] individual writ large".

Lasch's analysis of society and personality provides a format in which to understand the etiology and prevalence of certain disorders. He concludes that a minimal self survives but suffers from lack of real emotional involvement partly because of an infatuation with immediate gratification of impulses. Lasch describes the individual's need to make sense of his environment and to rationalize his survival. Lasch noted that this survival mentality surfaces in boiled down stereotypes, individuals who are either ruthless in their acquisitions, or individuals who are isolationist and preoccupied with self-preservation.

In the following section, I summarize some of Lasch's important concepts from Culture of Narcissism and The Minimal Self. The key points of his analysis are later used to identify aspects of narcissism at the socio-cultural level that can be extrapolated to describe the eating disorder problem .

Lasch states in the preface of Culture of Narcissism that he undertook the writing of this book to describe a way of life that is dying: a life of responsibility, family and community, and self-control. He states in the preface of Minimal Self that the surviving character of individuals in a narcissistic society was a "minimal self". Lasch's socio-cultural analyses differ in that the former is an analysis of a dying way of life and the latter is an analysis of psychic survival emerging in art, politics, economics and psychology. In

both books, Lasch describes divorce and fatherless families, loneliness, violence and its victims and other examples of human tragedy that, in part, derive from a culture of narcissism.

Lasch ends The Culture of Narcissism on a hopeful note that the diminished individual will develop a distrust of experts. Lasch sees this dependence on experts as having a crippling effect on one's capacity for self-help. This hopeful ending concludes Lasch's disturbing analysis of the influences that have diminished man. Influences, that he lists as the awareness movement, the narcissistic personality, diminished meaning of the metaphors of narcissism, changing modes of success, the banality of pseudo-self awareness, degradation of sport and education, sociopsychology of the sexes and family, and changing attitudes towards aging and paternalism. With each topic, Lasch critiques the underpinnings of the culture and the individual's reduced responsibility to self and society.

The awareness movement has been called a creation of the "Me generation" because of a preoccupation with self in which individuals surrender their attempts to improve their world and instead focus on self-improvement. The awareness movement advocated merging with the environment because, according to its tenets, growth results when one overthrows inhibitions and gratifies impulses. Eventually the awareness movement developed a therapeutic sensibility which envisioned psychic and body improvements as critical aspects of individual growth.

Lasch (1979) identifies the narcissistic elements of the awareness movement as: preoccupation with the surface appearance; the selfishness of living for the moment; the search for identity through self-improvement programs; and a shallow, ethnocentric perspective.

Lasch believes that the awareness movement of the 70s failed to allow for genuine inner growth. It addressed trivial issues of the spirit, and provided minimalist and self-defeating solutions for the angst of complex social relations. Non-commitment was advocated: stay loose, be open about your feelings but remain detached from relationships. Not only did this loosen social commitments and intimate relationships but it produced a form of self-estrangement. Lasch describes the awareness movement not as cult of intimacy but as a collapse of personality and a recipe for loneliness. The fleeting pleasure of gratification and freedom from responsibility ultimately left people with a sense of rootlessness, and in some instances, purposelessness.

Lasch also attacks a mentality that diluted the potency of meaning. He criticizes social analyses that explain the unexplainable by using the narcissism metaphors. Lasch contends that the term "narcissism" is used too loosely and retains little of its original

psychological impact. It has acquired an expanded meaning of excessive vanity and other "selfisms" such as self-admiration or self-satisfaction. Lasch states that all this emphasis loses sight of self-hatred. He suggested that some of the problem with its loose applications is based on the interpretations of Freud's initial and later ideas on narcissism. Lasch suggests that the key to Freud's ideas lies in structural theory of a superego, ego and id and the theory on non sexual impulses such as death instinct and aggression. Essentially, to consider narcissism as a defense against aggressive impulses as opposed to the more general meaning of self love. To effectively diagnose the maladies of society and self, narcissism must be employed with theoretical precision.

> Theoretical precision about narcissism is important not only because the idea is so readily susceptible to moralistic inflation but because the practice of equating narcissism with everything selfish and disagreeable mitigates against historical specificity. Men have always been selfish, groups have always been ethnocentric; nothing is gained by giving these qualities a psychiatric label. The emergence of character disorders as the most prominent form of psychiatric pathology, however, together with the change in personality structure this development reflects, derives from quite specific changes in our society and culture--from bureaucracy, the proliferation of images, therapeutic ideologies, the rationalization of inner life, the cult of consumption, and in the last analysis from changes in family life and changing patterns of socialization. All this disappears from sight if narcissism becomes the simple metaphor of the human condition.(Lasch, 1979, p.74)

Character traits of both pathological narcissism and secondary narcissism occur throughout society. Lasch (1979) identifies the pathological characteristics in society as instances of excessive dependence on the vicarious warmth provided by others that is combined with a fear of dependence, a sense of inner emptiness, boundless repressed rage and unsatisfied oral cravings. He describes instances of secondary characteristics of narcissism evident in the prevalent pseudo self-insight, calculating seductiveness, and self-deprecatory humor. Given the above character pathologies, Lasch argues that narcissism cannot simply be used as a metaphor to describe a state of mind in which the world appears as a mirror of the self. Abuse of the term results in a failure to link narcissistic personality type with certain characteristic patterns of contemporary culture and it also deflects treatment of important concerns, like the deteriorating relations between men and women, which undermine the foundations of family and society.

Lasch (1979) describes a narcissistic society as one obsessed not only with pseudo self awareness; but also as one driven by consumerism and changing definitions of

success. In his analysis of consumerism and consumption he identifies the influences of advertising on the mindset. Lasch contextualizes its effects by outlining the historical progression from the capitalism of a production society to the consumerism of a commodity society. He described the rise of technology through industrial revolution as a time when the masses were perceived as producers. The technological freedom of that era created the possibilities for mass production of commodities, which in turn needed a corresponding mass market of consumers. The masses who had produced to meet their basic needs had now become consumers.

Advertising produced a particular type of consumer. It "educated or stimulated" the masses into unappeasable appetites not only for goods but for new experiences as well. Envy flourished. Advertising stimulated a society with the hope of prosperity and well being. Advertising embraced the women's movement, which in turn produced and captivated a huge market of consumers. "You've come a long way baby" symbolized women's alleged "progress" and rights of access previously available only to men. However, as Lasch contends, a new form of subjugation emerged; a female role model of success and beauty which trapped women into an impossible task of attaining, then sustaining, a prescribed beauty-image. In such a society the self defines itself by the attainment of "me-isms". However, "see me," "flatter me," "admire me", all eventually become interwoven with an unrealistic beauty-image.

Advertising skyrocketed society's fascination with appearance. It publicized the awareness movement and reinforced self-improvement regimens. Self consciousness replaced conscience in a glut of satisfying needs. Well structured conflicts, such as guilt and conscience, that had previously restrained one's acquisitive nature were touted as restrictive to our human potential. The minimal self emerged from a society that had lost its social conscience and replaced it with obsessive fascination with psychic and body improvement. This "hang loose"movement overthrew remnants of the inhibitions and diverted awareness of pressing and difficult societal problems.

Lasch observes that although history changes the expression of neurosis, it does not change the underlying mechanisms. He alludes here to the progression of society's conception of success as stemming from a "work ethic" to a "self culture" to a "self approval by public recognition" culture. A "keeping up with the Joneses mentality" may be a characteristic of human nature to a certain extent, however since World War II, success has become even more attributed to the show of success. Lasch describes this new man to make his point: "The essential aspects of the new man; his need to organize even his private life in accordance with the requirements of a large organization; his attempt to sell himself

as if his own personality were a commodity with an assignable market value; his neurotic need for affection, reassurance, and oral gratification; the corruptibility of his values."

Lasch's analysis of the sociopsychology of the sex war describes the battle of the sexes as contextualized in economics. Capitalism and chivalry reinforced sex differences. Today's managerial society advocates sex similarities and requires females to accommodate to a predominantly male culture. Lasch further describes how the "sex war" erodes intimacy. Sex had become more readily available but the sex for pleasure also incurred with it overloaded expectations on relationships. Women frightened men because they were now perceived as sexually insatiable. Sex without love, which characteristically squelches any hope for permanent relationships, became common in the sexual revolution that encouraged avoidance of emotional commitment.

Another factor in the sociopsychology of the sex war is the male response to the women's liberation movement. Whether women liked it or not, they were identified with the movement by virtue of their sex, and some well defined gender roles that both protected and restricted women such as motherhood were darkened in the shadow of the liberated woman. Women in the workplace and girls in the schools were more open to sexual exploitation than ever before. The big problem of the sociopsychology of the sex war, as Lasch described it, is that sexual intimacy can't be sanitized from emotional intensity without incurring rage or numbness.

Lasch also considers the upbringing of tomorrow's children in a narcissistic society. Education and sport are no longer based on the inspiration they provide but are assessed in a cost-benefit enterprise in which lessons are taught only if they give the child a jump on the competition for jobs. Families lacking fathers in the home, parents relying on experts for guidelines on raising their children, the devaluation of education and healthy competitiveness of sport are all factors that Lasch identifies as damaging society at its very roots.

Lasch also describes the devaluation of the moral fibre of a society when there are no father models for children to internalize. English (1957) defines superego as a system the total psyche developed by the incorporating the parental standards or moral standards of society as perceived by the ego; it consists of two parts; the ego-ideal and the conscience. Children lacking models develop ego-ideals that are either lacking in strength and conviction which flounder in a "hang loose" mentality, or they develop a conscience which can become excessively critical and punitive towards the self, an attitude, which in turn, alienates the child from the edicts of the narcissistic society. Children learn insecurity and

self-hatred and flounder as they become the next generation of even more brittle "minimal selves".

These factors eventually combine to create a society of minimal selves. Lasch has taken Freud's initial abstractions on the development of narcissism as a function of ego needs and the interaction with key others in one's life to link narcissism to particular influences in present day society. Lasch rearticulates positive aspects of self-preservation of ego as described by Freud: a survivalist mentality is necessary for the minimal self to withstand the insults suffered in a narcissistic society.

Explorations on Lasch's Socio-Cultural Narcissism with Eating Disorders

Lasch analysis provides an overview of the modern-day socio-cultural conditions and the corresponding lack of intimate and genuinely caring relationships which have evolved from them. He identifies key problems in consumerism, advertising, superficial striving for self-awareness, male-female relationships, and weak moral fibres of family and society.

Steven Frosch, (1990) in a critical analysis of Lasch's commentary, said in the modern state of mind "superficiality and avoidance of intimacy are fundamental attitudes in which the external world is experienced as an extension of the self - but an extension which has no meaning than can be found in the depthless surface to which the self has been reduced" (p.67). The sense that Frosch ultimately extracted from Lasch's analysis is that the "end point of narcissism is not the triumph of the self, but its decay"(p.68). A message worth attending to, especially as it pertains to the major themes of this chapter. Narcissism eventually leads to decay, just as symptomatic expression (eating disorders) leads to erosion.

For our purposes, Lasch's (1979 &1984) themes on mirrors, consumption, and needs can be used to investigate eating disorders. Mirrors, in Lasch's analysis, represent television and the media, the mentality of success (not "you are" but "you appear"). The influences of an awareness movement contributed to the self-regard quality of "image", so that not only were others needed as flattering mirrors, but a vigilant watch on one's self-growth demand flattering self-deception. Body-image is part of the "mirror" and "image" and hence a key factor in eating behaviors.

Consumption and consumerism stimulated narcissistic pursuits. Perhaps the most destructive being a fixation on things which keep one beautiful and young. The eating disorders flourish in attitudes of consumption and consumerism that glorify beauty. The multi-billion dollar beauty industry attests to a need to look beautiful and successful; also

attests to the ultimate advertising message that anyone can buy beauty. Lasch also describes a frenzied drive for fulfillment uncurtailed by inner integrity. His consumerism ideas describe the drive for beauty that co-exists with uncontrolled craving and satisfaction. Contradictory narcissistic pursuits such as these can be extrapolated to describe the occurrence of dysfunctional eating behavior. Fascination with a beautiful, thin appearance clashes with biological and psychological needs to satisfy food cravings. It is in this type of confrontation with embedded narcissistic urges, as described by Lasch, that food binges are justified as need fulfillment or pleasure principle gone wild from excessive diet control.

For the purposes of describing eating problems on the cultural and individual level and how the interaction affects the inner psyche, Lasch's portrayal of the minimal self is essentially symbolic. The minimal self parallels the female and her potential for eating disorders. Early in life a girl learns the consumerist ethic from parents who are themselves trapped in the same mentality. She learns that her value lies in her presentation of a pleasing visual product. She also learns to measure her worth by her image. In contrast to a "look good" mentality, she also learns that she is a potent member of society who can have a career and share in the acquisition of commodities. What the young girl learns may not be an unsolveable conflict, given a proper upbringing. Lasch describes a minimal self who is raised on a lack of morality and role models. In order for girls with eating disorders to deal with feelings that could arise from wanting to, but not living up to a popular ideal of a superwoman, they must have a strong sense of self as well a sense of direction and purpose. Lack of necessary foundations of character are key problems that Lasch identified as perpetuating narcissism and producing minimal selves. The destructive foundations are forged in the early directionless relationships and cemented in the continuing lack of intimacy and direction.

One final expansion of narcissism concepts explores concepts of narcissism at a micro-macro level. Micro-macro analysis means envisioning the big and small picture simultaneously. A micro-analysis might be conceived as focusing on the small picture of one individual's personality and psychic development . That focal point describes the internalization of an experience and possible dynamics operating within the individual. In contrast to the micro analysis, a macro analysis looks at the big picture: for instances of narcissism on the large level our species, our civilization, our era.

Schmookler (1988) analyzes problems facing our species from a unique perspective of cultural evolution. In, Out of Weakness , he describes narcissism as the interaction of civilization with the individual's consciousness. In a way, Schmookler's analysis is similar to Lasch's because they both consider society-individual narcissism however,

Schmookler did not focus on North American society as Lasch did. Instead he describes civilization and human nature on the global and evolutionary scale. Schmookler's commentary on the human community extends beyond the scope of this thesis, however a focus on some of his ideas about narcissism are instructive. Such a depiction of the underpinnings of narcissism in the human community suggest philosophical approaches to some of the questions raised here concerning eating disorders.

Schmookler's Analysis of Narcissism

> Who are we to be certain of our truth? Of the earth's creatures, we are the only ones prone to the agony of uncertainty. Life developed for several billion years before an animal emerged that could wonder. Only with the development of the human mind did living creatures confront the overwhelming mysteriousness of existence. What are we doing on this earth? What is our place in this cosmos that looms before us silent, unexplained? What will become of us? In human beings, the spark of awareness gives a ray of light to reveal the galactic vastness of darkness. Only for an animal whose genes do not chart its destiny is it necessary to ask: how are we to live? We call ourselves Homo sapiens -"man knowing"-expressing our wish for more than our reality. For it is the human condition not so much to possess answers as to be confronted with bewildering questions. This perpetual confrontation with the unknown can be frightening. So we retreat from it, preferring certainty to truth. (Schmookler, 1988, p.9).

Schmookler's eloquent description of the human condition speaks to narcissism because it describes man's refusal to face the truth of an unflattering mirror which is both the world and himself. Instead the narcissist fluctuates between feelings of overestimation of himself and his world and feelings of low self-esteem and insecurity with the world.

The tragedy of social evolutionary forces is described in the following way. With our creativity we developed a civilization that freed us from the restrictive rules of nature, but also extricated ourselves from the regime of our biologically evolved nature. Like Lasch, Schmookler contended that without rules and limits humans are corruptible. Schmookler, however, attributed this sense of lawlessness not as a narcissistic society; but as a function of a complex society that has no links with the biological order of nature. Schmookler described man's struggle as a sort of war against oneself and against others. He stated that the basis for this war is the desire to establish some type of order into societal systems of anarchy.

Power, freedom and anarchy are elements that make the world threatening for people, so that people in turn must be defensive. "Were the world around us not so threatening, we would not be so defensive" (Schmookler, p.16).

Schmookler classified power, freedom and anarchy as potential conditions of discontent for individuals and communities and he characterized a sort of narcissistic warrior that evolves from society. The narcissistic warrior has a injured self-esteem because he is severed from his dignity and humanity by overwhelming historical and societal forces. His defenses oscillate between grandiosity and inferiority.

According to Schmookler, the narcissist postures in order to deal with the world. "The world insults us by not letting us embody our humanity. Forced to be less than by nature we are, we posture as if to be more" (p. 18). The psychological internalization of intersocietal struggles can be described as a sort of war: "war without is felt within" and the "war felt within is then extended without". The parallel psychological concepts for this within-without struggle are introjection and projection. English (1958) listed several definitions for introjection although its general meaning means "throwing in" an absorption of the external world into oneself. Projection is defined as the attributing own subjective attitudes, desires and faults to others. English (1958) added that this occurs often in defense against a sense of guilt or inadequacy .

Schmookler described introjection as the process of internalizing pain, sealing off of the self, and developing an ego-ideal that can drown out the voice of pain. He described projection as attributing this intrapsychic struggle to the world. In this way the threat of society against self and human nature is internalized and then projected back out in aggressive and destructive ways to perpetuate a viscous circle with each new generation. Schmookler contended that humans are psychologically immature because they are unable to recognize and deal with the pain, but instead carry it on to the next generation.

A narcissist constructs boundaries and gratifying mirrors because he fears vulnerability and invisibility. Schmookler's narcissist is characteristically a male because it is men who internalize dominance, power, winning and then project them outwards in aggression. According to Schmookler, because females stand closer to a core of human society which is based on creating and nurturing, they do not feel the aggression of a chaotic world as closely. Schmookler hinted at some aggressive elements in the female when he referred to the seeds of flawed relationships as a male/female struggle for control and a blaming of the other for emotional distances in their relationship.

Schmookler contended that the boundaries between people in the human community and the wars that wage within and without must be managed. In the following quote, Schmookler describes how boundaries are created as defenses against suffering.

> Injurious relationships cause narcissistic injury, and the narcissist seals himself off from the world. The core problem is the bad relationship. One can look at the injury in terms of narcissism, or in terms of boundaries, but they are both dimensions of the same system of defense. The cleavage of the world into inside and outside is entwined with the narcissist's efforts to protect and restore the injured self (p.198).

As well, Schmookler indicated that people are like systems that can be open or closed depending on the need for defenses, and that needs can be assessed according to how one has experienced the world, if it has been loving and nurturing, then one is open and if the world is abusive and frightening, then one is a closed system.

Schmookler's analysis of boundaries is similar to Freud's explication of primary narcissism when the infant separates good and bad by discerning that which is the pleasurable and attributing it to the self and that which is threatening and projecting it onto the external world. Schmookler described the narcissistic separation from the world in this way as self-defeating because in attaining the invulnerability one is isolated. In this way Schmookler's narcissist depiction coincides with Lasch's description of the minimal self whose motives as a survivalist reduce emotional investment outward and focuses emotional energy inward. Schmookler suggested that reality cannot be denied: that we are vulnerable, interconnected and in relationships. Lasch identified societal influences that make us vulnerable, Freud and Schmookler described how our psychological resolution of a threatening world is dealt with both consciously and unconsciously.

In conclusion, several of Schmookler's ideas describe the "big picture" of human nature and civilization in conflict. Elements of his thesis that describe the grounding for narcissistic behavior and impermeable psychological boundaries are helpful to the eating disorder discussion and are considered further in the next section.

Explorations on Schmookler's Narcissism with Eating Disorders

Depiction of boundaries, introjection, projection and the unnaturalness of a cultural community that denies humanity are some of Schmookler's many rich ideas elaborated in the following discussion of eating disorders.

Schmookler described boundaries as defenses against an unkind world and as cleavages that separate one from the world and from self. He compared the degree of defensiveness of one's boundaries and conceptualized how people become open or closed system as a result of their experiences. Some of these ideas on boundaries as defenses might help explain women's eating problems. To describe how these ideas are illustrative of eating disorders, it may be worthwhile to allude back to comments and ideas stated earlier in this thesis. Consider one explanation of an overeating: that overeating was unconsciously reinforcing because the consequential larger body served as a more substantial fortress against threat. In the interviews and in some of the literature, versions of the above were cited: that women's fat can give one a sense of protection against vulnerability and that the large body gives one a sense of presence which opposes feelings of being invisible.

Boundaries represented as cleavages from the world and its threats parallels motives of the eating disordered. Consider from the interview section these two examples: one high school girl's claim that she didn't want to deal with her real problems now and another women who thanked god she had an eating disorder so she could function in the dysfunctional family she had grown up in. By taking the liberty of reinterpreting these comments in the context of Schmookler's ideas, these comments show how their eating disorders served as cleavages from threat. Bruch (1957) articulated a similar view of fat as a defensive boundary and cleavage from the world. She reported how she treated obese persons: she did not be encourage them to diet if they seemed to be functioning better with the weight then they would be without it. She added that this was an important consideration when treating a person who uses an eating disorder as a defense system, this strategy has also been identified consistently in the anorexics who demonstrate delusional and incommunicative behavior (Sours, 1980; Schwartz, 1988; Halmi, 1978; & Levenkron, 1982).

Schmookler's ideas about introjection and projection are illuminating for eating disorders as well. The pain he described as "war within is projected without" can describe a food binge. Interpersonal difficulties are internalized and felt as emotional stress, this in turn evokes the overeating behavior. Ultimately the overeating induces excessive bloating and the undesirable weight gain. When asking interviewees why they thought that eating

disorders affect women more than men, the general response were that it had to be related to women's vulnerability and sensitivity to opinion and interpersonal dynamics. When asked why all women don't have the problem, the general response was that some women had a greater degrees of the sensitivity and vulnerability and had probably experienced extra problems such as growing up in a bad home or having troublesome relationships. In a sense, these answers describe the female "war within and without": that in general, women have more permeable boundaries than men, and that some women, because of their personality or their experiences, have boundaries that are either to brittle and crack completely or that are too flexible and bend too easily.

A key idea of Schmookler's that could substantiate the above speculation is his comment that the problem of civilization is that it distances us from our human nature. "The world insults us by not letting us embody our humanity. Forced to be less than by nature we are, we posture as if to be more" (p.17). It may be worthwhile to reflect how women in our society might struggle to embody their nature as they have two domains that demand different things of their nature: the home and workplace. Consumption and careerism pull women towards the competitive workplace. Traditional and reproductive urges pull them towards "domesticity". Some women can have it all and manage the demands of each. Some women get confused with their roles, and to restate it in Schmookler's terms, are unable to embody their humanity and so posture to be more than themselves in both domains and, as can happen when spreading oneself too thinly, become deflated and diluted in both. To apply this to the eating problem issue; women's identity problems with role clarification contain the seeds of ambivalence and stress, two identified precursors to dysfunctional eating bouts (Orford, 1986; Bruch, 1973; Brumberg, 1988).

For the purposes of discussion, there is another way to interpret Schmookler's contention that females are less a part of the "war within, war without" symptom. If we turn to his further explanation for the "war within, war without" difference being based on the premise that females have a less aggressive nature we find an explanation for vulnerability. Taking off from Schmookler's ideas we can rearticulate it: females internalize "war without" and men externalize the "war within". Alper (1976) researched adolescent problems and found in a population of adolescents identified with low levels of serotonin that there was consistent aggression and delinquency in the males and consistent self-destructive behavior, in particular , anorexia nervosa in females. By taking the liberty of merging these findings with the above argument one might extrapolate that in accordance with nature, women are less aggressive, but that they still feel pain so they internalize the aggression and punish themselves; while men act upon their pain by aggressing outward.

To summarize these ideas then, females are vulnerable to eating disorders because of a greater tendency to internalize their pain, and to, so to speak, punish "inward" rather than "outward".

Schmookler's analysis ended on a positive note that the problems can be overcome, however he did state that the key lies in the breaking of the evolutionary pattern of narcissistic parents who carry on the distress of the culture. This reference to parental influence allows is one final last comparison of Schmookler's analysis with eating disorders, in that in a large majority of cases, the females are reported as coming from homes with inadequate parenting and dysfunctional families. In fact, one of the women interviewed started her story with the claim "that her mother was narcissistic".

Chapter 6. Explorations in the Myth and Theory of Narcissism

Introduction

Thus far I have summarized Freud's, Lasch's and Schmookler's descriptions of the conditions in which narcissism flourishes. Symbols from the narcissism myth such as pre-occupation with self and avoidance of intimate relationships are described more fully in this chapter. Isolationist behaviors of narcissism described in the theories are also discussed further in the section on metaphors

It may be worthwhile to sum up. The objective, thus far, has been to describe some theories of narcissism and then to explore how the concepts in each add to our understanding of eating disorder behavior. That the seemingly distant ideas of societal and global issues or the unconscious development of the superego can be effectively paralleled to eating disorders suggests relevant links in the behaviors. Narcissism metaphors and the parallels discussed may in fact suggest that eating disorders are a subset of narcissism . Similarities exist between the core issues of eating disordered persons and the behavior of narcissists as described in the theories and of all the scholars discussed in Chapter 5. Whether narcissism and eating disorders might be conceptualized as symptoms of societal factors, or if eating disorders are symptoms of the narcissism syndrome is not critical. The focal point of this essay is to explore conceptions and metaphors of narcissism based on their descriptive portrayal of the eating disorder and its associated problems.

For the remainder of this essay I will continue to integrate aspects of eating disorders with narcissism ideas and metaphors. I describe the use and range of metaphorical applications in literature, philosophy, education and psychotherapy. Next I present and discuss Hamilton's (1982) version on the myth of Narcissus. I then focus on the three metaphors consistently referred to in this thesis. To restate them and their value in this discussion: they are used because the eating disorder core issues of boundaries between self and world (food, other people and reality), communication problems or lack of voice, and a dysfunctional body image can be compared to narcissism concepts. The three corresponding symbols or metaphors found in narcissism myth and theory are; the boundary metaphor which symbolizes the boundaries between Narcissus and his image (the mirror-like pond); the Echo metaphor which symbolizes Echo's inability to articulate her own thoughts instead of echoing others; and the image metaphor which symbolizes Narcissus' distortions of body image and his overfascination with that image.

Metaphors

"Metaphors help people to internalize the external world and express it in their own terms" (Jung, 1964)

Metaphors, figures of speech in which a word or phrase denotes one kind of object or idea that is used in place of another, suggest semantic similarities. In the previous section a rationale was extended for using narcissism metaphors and myth based on their symbolic value of representing issues in the eating disorders. In the following paragraphs additional conceptions and rationales for use of metaphors and myths as symbols will be explored. This will help to provide some insight as to how symbolism speaks to our human spirit and experience in ways that go beyond the limited explicatory values of theoretical models. Kopp (1971) describes three ways of knowing: the rational, the empirical and the metaphorical. The last allows an expansion of the rational thinking processes.

Metaphors help to render theoretical formulations more understandable. For example, Plato's description of the role of a teacher is one of a mid wife and Freud's description of woman as a dark continent are metaphors that can evoke imaginative concepts. As a guideline for the reader, since metaphor and myths are often used interchangeable to relate symbolic value, so will the terminology of following essay use them interchangeably, with the exception of specific reference to aspects of the narcissism myth.

Since early in spoken history, myths have made sense of the chaotic nature of experience and reality. Kirk (1974) studied the history and uses of myths and found five uses of myths: to explain nature; to explain beginnings of things in the real world, as charters for social customs, institutions, and beliefs, to articulate abstractions like the limits of mortality, and lastly to substantiate rituals. By Homer's time, myths had developed into exemplary roles and to express repressed wishes. Typically, the telling of myths induced a cathartic experience of wish fulfillment as well as providing insight into reality. Myths and metaphors have remained popular because they construct a bridge between the inner world of the psyche and the outer world of things. "The significance of the unconscious mind, its working in myths as in dreams, the special effects of repressed emotions, the need to fulfill certain desires if only in imagination are Freud's great discoveries" (Kirk, 1974, p.75).

For the most part, Freud views myths as representative of the "infancy of the race" that describe unconscious tendencies descended from prehistoric father-son competition in the primal horde. Freud's theories of narcissism, and the oedipal complex, are based on

ancient Greek myths. As well, his formulation of a tripartite model id, ego and superego might also be based on early Greek writings. (I base this speculation on its similarity with Plato's formulation of the tripartite model of human nature). The important point in these speculations is that the myths and metaphors are chosen because of their symbolic potency; "there is some imaginative quality about many myths, at the least, they elicit a very particular kind of response, an empathy at an almost visceral level akin to the impact of great music or poetry" (Randall-Young, 1990, p.88).

Metaphors can be described from an educative perspective since they have been used as teaching devices throughout the history of Western civilization. The educative value of context for meaningful communication is implicit in metaphorical use in that we can learn by defining something in relation to another. Metaphor also assists memory because of associative connections. Metaphor is seen as an essential vehicle for expression where it seems impossible to say what needs to be said in any other way. In the context of this thesis, the metaphors used can be described as powerful integrating principles that connect the verbalized eating disorder issues with the nonverbal symbols of narcissism. "Metaphor connects the verbal with the nonverbal, the analytic with the synthetic; its impact is both understood and felt" (Gordon and Poze, 1979, p. 135).

Metaphor is a creative device and this makes it malleable to psychotherapy as well. Randall-Young (1990) who studied the use of metaphor in education and therapy reported that the psychoanalytic view stresses the experiential basis of metaphorical transference: "the live metaphor recalls the past forgotten experience. The conscious mind represses the original memories as metaphorical expression allows some discharge of the affects." (p.46).

Fairy tales are like myths and metaphors because they convey powerful image in children's language. Bruno Bettelheim (1977) in The Uses of Enchantment, suggests that one function of fairy tales is to appeal to the child's psychological and emotional well being because it offers meaning in many different levels. Carl Jung (1964) based his therapy on metaphors and symbols in Ancient Eastern thought and modern psychology. For him, the role of symbol is important; Jung describes archetypes as metaphorical prototypes representing the many milestones of human evolution. Archetypes are expressed in dreams, myths and fairytales.

Barker (1985) suggests metaphors are useful in therapeutic situations in cases where clients feel overwhelmed by their problems. Metaphorical stories focusing on overcoming obstacles may facilitate motivation. It is also useful in situations where a client seems unwilling to accept ideas that the therapist is suggesting, or when such ideas may be

upsetting to the client, thereby threatening the client-therapist relationship. Metaphor may serve to maintain concentration, particularly with young children. Metaphors are also extremely useful in utilizing resources which the client may possess, but be unaware of, and for providing a variety of choice at an unconscious level.

Symptoms presented in therapy have been conceptualized as metaphors of underlying disturbances. Erikson (1963) believed that it is important to incorporate symptoms into therapy because they are a gift or message from the unconscious that indicates the appropriate approach.

> All approaches are pertinent, depending on the unique elements in each clinical situation. One patient might require a strongly cognitive intervention; another a strongly cathartic experience; still another a straight forward behavior modification technique. It is the patient's needs and symptomalogy that determine the type of intervention and the ambiance of utilization that guides the specific application. (Mills and Crowley, 1986, p.45)

In essence, Erikson is suggesting that symptoms are messages. Oaklander (1978) regards symptoms as resulting from blocked resources. Misperceptions of experiences can block or distort the child's feelings and actions. When children do not have full access to natural resources, it is important to conceptualize their symptoms as "symbolic or metaphorical communication from the unconscious which is not only signaling distress within the system but is also providing a graphic and utilizable depiction of that distress. In this way the symptom is the medium and the message" (Oaklander, 1978 in Mills and Crowley, 1986, p.50). What this means for the therapist is that since symptoms are presumed to contain a metaphorical message about the problem, the therapist's task is to create metaphors which touch the listener in a personally relevant way, and hopefully, enhances the recovery process.

The deployment of metaphor or myth may shed new light on old concerns. For this thesis the metaphor of narcissism as illustrated in myth and theorized about in psychology and sociology, is used to shed new light on some of the causes of eating disorders, especially in women. In particular, the illumination comes from a focus on the echo metaphor, on the boundary metaphor and on the image metaphor which parallel some key issues of eating disorders in women. This approach provides a narrative that allows one to visualize eating disorders as symptomatic of a self and a society that operate in dysfunctional confrontations. In the following sections of this essay elaboration on the metaphorical connections in the narcissism myth are drawn back to core issues of the eating disorders.

The objective of this section is to demonstrate that metaphors and myths are effective symbols that can be used to illustrate links between eating disorders and narcissism. Hopefully, the reader is able to conceive of metaphor and myth as "intuitive tools for developing an emotional, empathic understanding" (Gordon and Pose, 1979, p. 84). This section also provides rationale for the preceding theoretical formulations on narcissism by Freud, Lasch and Schmookler in which key concepts or metaphors were identified that effectively symbolize eating disorders. Later, in this chapter, I integrate further these key ideas to weave together a symbolic understanding for eating disorders.

The following myth of Narcissus is recorded verbatim from Hamilton (1982) because of a variety of sources used; these included versions taken from Ovid and Robert Graves. In turn, Grave's sources include Ovid, Pausanias, Conon and Pliny. Mary Innes' translation of Echo and Narcissus was used in Hamilton's account. Another reason this entire myth is cited verbatim is that it provides a comprehensive source of the rich symbolism . As well, aspects of the myth were included here that have not been formulated in other translations, but are discussed in this thesis. These include Narcissus' awareness of his self-preoccupation and the secondary characters that enrich the contextual nature of narcissism symbolism: Narcissus' mother, Narcissus at infancy, Teiresias, the seer and the gods, such as Hera, who had punished Echo by taking away her speech.

The Myth of Narcissus

Narcissus was a Thespian, the son of the blue nymph Leirope, whom the River-God Cephisus had once encircled with the windings of his streams, and ravished. She gave birth to a child with whom one could have fallen in love even in his cradle, and she called him Narcissus.

She is the first to test the reliability of the blind seer Teiresias. Teiresias has been condemned to eternal blindness by Hera, the wife of Zeus, in revenge of Teiresias' verdict in Zeus' favour on an argument between herself and her husband as to whether women get far more pleasure out of love with than men. They consult the wise Teiresias because he has experienced love both as a man and as a woman. Zeus, in recompense for Teiresias; loss of sight, gives him the power to know the future.

Leirope asks Teiresias if Narcissus will live to a ripe old age? "Yes, if he does not come to know himself" (Ovid), or".. provided that he never knows himself" (Graves). This pronouncement seemed to be nothing more than empty words. However, it was justified by the outcome of events: the strange madness which afflicted the boy and the nature of his death proved its truth.

Even as a child anyone might excusably have fallen in love with Narcissus, and when he reached the age of sixteen, his path was strewn with heartlessly rejected lovers of both sexes: for he had a stubborn pride in his beauty.

Among these lovers was the nymph, Echo, who could no longer use her voice, except in foolish repetition of another's voice. She still had a body then, she was not just a voice; but although she was always chattering, her power of speech was no different from what it is now. This loss was a punishment for having entertained Hera with an endless flow of talk while Zeus; with his concubines, the mountain nymphs, evaded her jealous eye

and made good their escape. When Hera realized this, she said, "I shall curtail the powers of that tongue which has tricked me: you will have only the briefest possible use of your voice." And in fact she carried out her threats. Echo still repeats the last words spoken, and gives back the sounds she has heard.

One day Narcissus went into the woods to net stags and was seen by the talkative nymph, Echo. She stealthily followed him through the pathless forest, longing to address him, to make flattering overtures to him, to approach him with tender pleas, but unable to speak first. She was ready to do what her voice would allow, to wait for sounds which she might re-echo with her own voice.

At last Narcissus, finding that he had strayed from his companions, shouted:

"Is anyone here?"

"Here!" Echo answered, which surprised Narcissus, since no one was in sight.

"Come!"

"Come!"

"Why do you avoid me?"

"Why do you avoid me?"

"Let us come together here!"

"Let us come together here!" repeated Echo who never again would reply more willingly to any sound and joyfully rushed from her hiding place to embrace Narcissus.

Yet he shook her off roughly, and ran away.

"I will die before you ever lie with [touch] me", he cried.

"Lie with me!" Echo pleaded.

But Narcissus had gone and Echo spent the rest of her life in lonely glens. Yet still her love remained firmly rooted in her heart, and was increased by the pain of having been rejected. Her anxious thoughts kept her awake and made her pitifully thin and she pined away for love and mortification, until only her voice remained and is the only part of her that still lives.

One day, Narcissus sent a sword to Ameinius, his most insistent suitor, after whom the river Amenius is named; it is a tributary of the river Helisson, which flows into the Alpheius. Ameinius killed himself on Narcissus' threshold, calling on the gods to take revenge on Narcissus
for his treatment both of his admirers and of the spirits of the waters and the woods.

"May he himself fall in love with another, as we have done with him! May he too be unable to gain his love one?"

Artemis heard the plea, and made Narcissus fall in love, though denying him love's consummation. At Donacon in Thespia he came upon a spring, clear as silver, and never yet disturbed by cattle, birds, wild beasts, or even by branches dropping off the trees that shaded it; and as he cast himself down, exhausted, on the grassy verge to slake his thirst, he fell in love with his reflection.

While he sought to quench his thirst, another thirst grew in him, and as he drank, he was enchanted by the beautiful reflection that he saw. He fell in love with an insubstantial hope, mistaking a mere shadow for a real body. As he lay on the bank, he gazed at the twin stars that were his eyes, at his flowing locks, worthy of Bacchus or Apollo, his smooth cheeks, his ivory neck, his lovely face where a rosy flush stained the snowy whiteness of his complexion, admiring all the features for which he was himself admired. Unwittingly, he desired himself, and was himself the object of his own approval, at once seeking and sought, himself kindling the flame with which he burned. At first he tried to embrace and kiss the beautiful boy who confronted him. How often did he vainly kiss the treacherous pool, how often plunge his arms deep in the waters, as he tried to clasp the neck he saw! But he could not lay hold on himself. He did not know what he was looking at, but was fired by the sight, and excited by the illusion that deceived his eyes. Presently he recognized himself, and lay grazing enraptured into the pool, hour after hour.

Stretched on the shady grass, he gazed at the shape that was no true shape with eyes that could never have their fill, and by his own eyes he was undone. How could he endure both to possess and yet not to possess?

"I am in love, and see my loved one, but that form which I see and love, I cannot reach: so far am I deluded by my love. My distress is all the greater because it is not a might ocean that separates us, nor yet highways or mountains, or city walls with close-barred gates. Only a little water keeps us apart. My love himself desires to be embraced: for whenever I lean forward to kiss the clear waters he lifts up his face to mine and strives to reach me. You would think he could be reached - it is such a small thing that hinders our love. Certainly it is not my looks or my years which you shun, for I am one of those nymphs have loved. With friendly looks you proffer me some hope. When I stretch out my arms to you, you stretch yours towards me in return: you laugh when I do, and often I have marked your tears when I was weeping. You answer my signs with nods, and , as far as I can guess from the movement of your lovely lips, reply to me in words that never reach my ears.

"Alas! I am myself the boy I see. I know it: my own reflection does not deceive me, I am on fire with love for my own self. It is I who kindle the flames which I must endure. What should I do? Woo or be wooed? But what then shall I seek by my wooing? What I desire, I have. My very plenty makes me poor. How I wish I could separate myself from my body! A new prayer this, for a lover, to wish the things he loves away!"

Grief was destroying him, yet he rejoiced in his torments; knowing at least that his other self would remain true to him, whatever happened. (Graves)

"I have no quarrel with death, for in death I shall forget my pain; but I could wish that the object of my love might outlive me: as it is, both of us will perish together, when this one life is destroyed." (Ovid, p.86)

Echo, although she had not forgiven Narcissus, grieved with him. As often as the unhappy boy sighed "Alas!", she took up his sigh, and repeated "Alas!"

His tears disturbed the water, so that the pooi rippled and the image grew dim:

"Where are you fleeing?" Let me, by looking, feed my ill-starred love." He beat himself and his white marble skin turned red tinged with purple. When he saw this in the water, he could bear it no longer. As golden wax melts with gentle heat, as morning frosts are thawed by the warmth of the sun, so he was worn and wasted away with love, and slowly consumed by its hidden fire. His fair complexion with its rosy faded away, gone was his youthful strength, and all the beauties which lately charmed his eyes. Nothing remained of that body which Echo once had loved.

She sympathetically echoed "Alas! Alas!" as he plunged a dagger in his breast, and as he gazed into the familiar waters said his last words, "Ah youth, beloved in vain, farewell!" and expired. (Graves)

He laid down his weary head on the green grass, and death closed the eyes which so admired their owner's beauty. (Ovid)

His blood soaked the earth, and up sprang the white narcissus flower with its red corollary, from which an unguent balm is now distilled at Chaeronea. This is recommended for affections of the ears (though apt to give headache), and is vulnerary, and for the cure of frostbite. When the pyre was being prepared, his body was nowhere to be found. Instead his corpse, they discovered a flower with a circle of white petals around a yellow centre.

When this story became known, it brought fame to the seer Teiresias. It was told throughout all the cities of Greece, and his reputation was boundless. (Hamilton, 1982, p.21-25)

Explorations on the Myth of Narcissus with Eating Disorders

The myth of Narcissus can be interpreted as a story of individual and interpersonal pathology. Narcissus cannot grasp anything outside himself. Echo is unable to proclaim her love or attain the object of her love. Their relationship had the makings for some mutual satisfaction with Echo's echolaic character being a perfect foil for a self-infatuated Narcissus, but unfortunately Narcissus' beauty was truly only skin-deep and Echo's mirroring was in words alone. The relationship never materialized and both wasted away.

This myth has elements which are used here to investigate eating disorders: Echo and Narcissus are both adolescents. A stage of development in which the highest incidence of female eating disorders occur. Adolescence is a time of sex-role identity and the beginning of intimate sexual relationships. It is a time in which girls and boys are chronically self-conscious about their presentation to the other sex and as a result of their extreme self-consciousness about appearance will go to extremes to present an acceptable image. In fact, adolescence has been described as a stage when young people are so interested in their image that they will go to any length to find a flattering mirror (Mitchell, 1990). Eating disorders in a teen whose body image becomes so distorted so that she cannot see herself wasting away is one example of such extremes. Echo and Narcissus symbolize this problem because they too waste away, Narcissus because of pre-occupation with his appearance and Echo because of her failure to express herself and her devaluation of herself because she could not live up to Narcissus' ideal image.

The Narcissus myth is useful for comparing the different personalities of Echo and Narcissus. The two characters seem to be the antithesis of the other, however they might be, in psychological parlance, described as the narcissistic personality with its alternating feelings of omniscience and low self-esteem. These two poles of behavior can be attributed to gender differences and different developmental experiences.

Narcissus represents the male possessed of both beauty and obsessive vanity. Echo represents the vulnerable female who cannot voice her needs and cannot withstand rejection. Narcissus and Echo might be compared to their modern counterparts when the male renders the power of mate selection and the female preens and bows to his every overture of acceptance and threat of rejection. Eating problems and eating disorders often co-exist within a woman isolating herself from family and friends; interestingly, as both the interviews and the literature review in this thesis suggest, a significant proportion of females reported their eating problems began in response to rejection by a key male in their lives. For example, the school counsellor described in Chapter 4 indicated that the teens

she counseled with bulimia and anorexia all seemed to have started the excessive dieting or purging in response to a father's, male teacher's or boyfriend's apparent rejection of them.

Narcissus can be understood as two types of narcissistic characters that result from different development experiences, in particular; different mother-infant relationships. Narcissus' fascination with himself indicates a sort of primary narcissism, causing one to conjecture that he was over-mothered and that he was unable to separate himself from that initial unconditionally loving mother and as he grew older became obsessed with flattering mother-love images. Echo's infancy is not a part of the myth, however, by extrapolating from her vulnerable behavior, as Hamilton (1986) suggests, she probably was under-mothered. (I explore Echo's development later since it has some applications to the Echo metaphor and women's eating disorders.)

The psycho-developmental relationship of Narcissus and Echo is described by Frosch (1991) as a " swamping fusion or devastating isolation" (p.98). This symbolic representation and theoretical extrapolation on the developmental paths of narcissists has comparable formulations and citations in the eating disorders paradigm. Specifically, the accounts of types of mother-daughter relationships that have been cited in the psychoanalytic literature as factors in the eating disorders (Klein, 1952; Sours, 1980; Bruch; 1988).

The advantages to recapping the myths and the theoretical writings of Freud, Lasch and Schmookler's is that they broaden our scope of ideas that explain human nature, and ultimately, promote a richer understanding of pathology and aberrations of healthy nature. For the eating disorder paradox, this approach can alert us to developmental aspects of infant-parent relationships that may be involved as well as in how the individual pathologies materialize in the arena of interpersonal interactions and relationship pathologies. And, in turn, how the dysfunctional relationships harm individuals prone to internalize rejection. Ultimately the telling of the myth of Narcissus speaks to the eating disordered person and serves as a reflection of their feelings and story. It is on this basis that I forward the conceptions of three metaphors from the myth to tell the story of the eating disorder person.

The Echo Metaphor

The echo metaphor epitomizes women who lack the ability to communicate - especially women who internalize their pain instead of verbalizing it. Echo, like the eating disorder woman, internalizes her pain and acts out it with cluster of strange and destructive behaviors. Examples of such behaviors are recognizable in the secretiveness of food

binges and women's emotional hunger. In the following paragraphs, I explore aspects of Echo's problems in order to discuss related eating disorder problems.

Echo repeats everything that is said to her, but she has nothing of her own to say. There is a related communicative disorder in eating disorders. For example, Bruch (1978) and Minuchin (1978) described the communicative gaps in families of anorexics and bulimics. The problems are that families don't listen to each other, and these interpersonal communications can become problems of communication with oneself. One interviewee described her family as one which never wanted to deal with, or even listen to, real problems, " it was like a silence conspiracy of not to upset mother and I still feel invisible because of it".

Echo's reaction to Narcissus' rejection is a further issue. Echo, like the eating disorder woman, is unable to communicate to herself that the rejection was based on Narcissus' obsessions and not her own personal nature, that she didn't have to waste away because of Narcissus' deficiency. Echo instead withdrew to waste away. Her vulnerability to rejection and the resulting conditions of self-imposed loneliness describe destructive aspects of Echo's weak psychological boundaries. Similar to the telling of Echo's reactions, are the reports from women with eating disorders who envision the beginnings of their eating problems as being reactions to the hurt or broken relationships and the feeling of being vulnerable to even further rejection.

Echo's withdrawal into a lonely cave to waste away describes both the isolationist and the starving aspects of anorexia. While this similarity may have weak practical application, it serves comparative and illustrative purposes, and thus contributes modestly to theoretical formulations on this topic.

Echo's sad story can easily be extrapolated to women with eating problems and eating disorders. She shares the same type of vulnerability that seems to plague women who deal with the emotional and social disasters in their lives with dysfunctional eating behavior. The Echo metaphor makes possible the conceptualization of these disasters with the eating disorders. This metaphor represents woman's inability to speak up for herself and on a larger scale, and it represents women's collective muteness. Orbach (1993) claims this muteness must be overcome if women are to be healed of eating problems.

Lasch described a minimal self which resembles Echo because of similar isolationist behavior in the face of emotional stress. While Lasch's ideas of defensiveness and isolation in the reaction to a selfish and individualistic society make possible a conception of the social roots in eating disorders, Echo's story is more focused on the drama played out between two people. An analysis of Echo's problems shows that they hinge on

relationship. This may be a focal point needed in studying women's eating disorders. For a modern example, two studies follow that outline how issues are dealt with differently by the sexes because of the female's "relationship perspective" and the male's "societal perspective".

Gilligan (1986) criticized Kohlberg's theory of moral development on the basis of its gender bias and conducted further research to test women's moral development by analyzing their interpretations of morally complex situations. She found that, for the female, it was usually the immediate family and relationship that consistently mattered in difficult decision-making, whereas, when compared to Kohlberg's (1958) findings, for the male, it was the society and abstractions of justice that were most important. What this demonstrates, is that extrapolating from Lasch's characterization of a minimal self and the myth of Narcissus' portrayal of Echo to compare the two, entails recognizing sexuality and gender factors are involved in decision making and behavior. Echo seeks to establish a relationship and fails, thus wastes away alone, and Narcissus, who seems a minimal self, is not enamored with the relationship, rather an abstract reproduction of his appearance. Both become isolationists. Both behaviors are consistent with the sexual and gender differences found in the Gilligan and Kohlberg studies. In short, the value of the relationship affects female behavior more intimately so that women suffer the failure of it more poignantly than the men.

To return to the applicability of Echo as a symbol for women's eating disorders, it is first that she is a female, and second, that her impotency in a relationship and resulting isolation aptly characterizes the manifestations of eating disorders. Extrapolations from other theories can illuminate aspects of human nature and society, but focusing on Echo lends itself to noting the female quality of her problems. For example, Freud's analysis on narcissism doesn't mention Echo's plight, focusing instead on the ordeal of Narcissus, however, it seems clear that her antithetical nature to Narcissus exemplifies the type of low self-regard that produces masochism, and which, in turn, is exploited by narcissistic individuals.

As indicated above there are several rich lines of interpretations that could be explored under the heading of the echo metaphor, however, further consideration can also be described in the two following metaphors of boundaries and self-image from the Narcissism myth.

Boundaries

The boundary metaphor is helpful to understand another problem that "Echo-women" encounter. Psychological boundaries, as described thus far, explain women's vulnerability and the roots of dysfunctional behaviors. As earlier stated, a boundary is something that marks or shows a limit or end; boundary represents a distinctness of self from others. In psychology, it can also mean a region separating two forces such as self and other, or ego and other; these boundaries can be either permeable or impermeable. Boundaries between self and reality in the narcissus myth are demonstrated when Narcissus was unable to recognize his own reflected image in the pool, when he fell in love with it, and the fact that he could never know reciprocated love. Psychological interpretations of boundary are helpful in illuminating certain aspects of eating disorders. Let us examine these ideas before comparing them again with a boundary metaphor on eating disorders.

Both Echo and Narcissus have boundary problems. Narcissus failed to recognize the ends or limits between reality and image. Echo failed to maintain the limits of her vulnerability. Their boundary problems could be described as occurring as a result of an upbringing that involved over-mothering or undermothering. Narcissus was unattainable and his love boundaries were insurmountable because no love could match the primary narcissism relationship that he experienced with his mother, Leirope.

The key to understanding Echo's developmental underpinnings is that they leave her vulnerable not only to others rejection but also to herself. Hamilton (1982) outlines how one might extrapolate from Echo's behavior to suggest that she was undermothered. She was a baby "born to please" because she was never given the centre of attention. This is a child who learns that the way to affection is through placatory and echolaic gestures. Kohut (1972) described this as a narcissistic disorder which results from a vulnerability of self due to unempathetic maternal responses. Hamilton (1982) illustrated the underpinnings of this type of narcissistic disorder and identified them as the root of such permeable psychological boundaries. My sense of her account was that it can easily give one a sense of a little girl who may have grown up to be an "Echo" or have grown up to have an eating disorder.

> Tanya lived very much in a world of her own, but she could not be called a 'narcissistic little girl'. She may well have grown up to be an Echo. Her mother became extremely attached to an Irish setter. Tanya's silence and compliance complemented the intrusive, bouncy, and demanding behavior of the dog. The mother spent quite a lot of time and energy shouting, slapping and whipping him.

> As he grew bigger, the two of them engaged in all-in wrestling matches, in which he stood up on his hind legs with his front paws on her shoulders, snorting and licking her face. When Tanya ate solid foods and drank from a cup, which she accomplished very early, Hercules immediately sipped at the cup, and licked up the puree and custard from her bowl. Tanya's mother intervened in a giggling-teasing kind of way. She constantly remarked on Hercules' jealousy but seemed to be unaware of the provocation to which Tanya was subjected. One day, Mother asked me on arrival whether she had told me about Tanya's dreadful cough. 'Well, she had this awful cough and I took her round to lots of doctors, I even had her X-rayed and then one day Hercules barked and I realized that Tanya was imitating him. My friends say the dog is a nanny-substitute. I said I don't know about that, but he certainly is a constant in her life. He is so mean to her and yet she seems to like him.' There was a great similarity between Hercules' and Tanya's vocalizations. She [even]modeled crawling quite obviously on Hercules, whom she followed around the room. (p.112-113).

The above quotation was included because I feel it so aptly portrays a situation and resulting abnormal behaviors when a child is not only, not given the centre of attention, but is denied adequate mothering as well. Young Tanya, had learned at a young age how to posture as a dog in order to "please her mother". "Posturing", no matter how odd its behavior, seems to underlay aspects of image and echoing in both narcissism and eating disorders.

Narcissus and Echo represent two different infant-mother relationships, one in which the child was in too close association with the mother and the other in which the child lacked empathetic association. One results in the inability to individuate and relate outside of the self, the other results in low self-esteem and the inability to assert the self in human relationships.

Boundaries formed in infant experience can surface later in adolescent love affairs. Because adolescence is a time of self-identity, separation and individuation, a teen may struggle to return to the familiar dynamics of the first significant relationship with mother. Narcissus and Echo, having different mother-infant experiences, go through different aspects of separation-individuation. Narcissus would either be attracted to a love that resembled the unconditional overmothering relationship (his love of his own image was the closest approximation to this). Narcissus also demonstrated his need to separate and individuate when he fled the love offered by Echo.

Echo, on the other hand, would feel the need to form a relationship so she pursued Narcissus and, in doing so, missed her opportunities for growth and individuation . A final aspect of the adolescence attraction to others is that it is affected by concrete thinking so that the "pre-occupation with his image, with how he looks to others, tends to deflect him from his need to free of the judgment of others" (Hamilton, p.119).

Returning to the eating disorder issues so as to consider the developmental underpinnings of boundaries affecting how the teenage girl, we find that she needs to individuate, and therefore uses food as boundary to defend herself from (or to protest against) overprotecting parents. Brumberg (1988) documents how the anorexic teenager uses her body to protest her parents' excessive control in her life in developmental process of separating and individuating. Boundaries can also symbolize an eating disorder problem when women, who are like Narcissus, can't let down psychological boundaries in order to love others and eat instead to fill their emotional hunger. Their diet becomes their only means of individuality. Boundaries symbolize a lack of love of "inner" self with an "Echo-woman's" overeating because of vulnerability and early unsatisfactory nurturing. And finally, boundaries can describe the deceptions involved with a pre-occupation with appearance and related body-distortions, which implies a failure to maintain a boundary between a mirror image and reality.

Narcissus' problems with boundaries can be extrapolated to dysfunctional eating. As stated in the explorations on Schmookler's ideas, boundaries in persons with eating disorders might be conceptualized as an inability to separate self from other's opinions so that a vulnerability to opinion induces restricted eating behavior. This occurs when the objective is to either fit an ideal body size; or when despair at not being able to fit some ideal size, activates emotional hunger and consequential overeating. As well, eating excessively to become bigger might be motivated by the need to build protective boundaries around the vulnerable, permeable self. To summarize,
boundaries are helpful to interpret eating disorders as a function of defense, separation and in response to environment and experience.

Image Metaphor

Image is another metaphor that we encounter in the Narcissus myth, and its key elements that parallel eating disorder problems of body-image and self-esteem can also be explored. The first parallel is the adolescent's pre-occupation with self-reflection. As observed in the eating disorders, teens tie their self-esteem to their body image and how others see them, Narcissus' preoccupation with his body image resulted in total isolation

because he was permanently distracted from knowing his inner self. This theme symbolizes an image-consumer society, one which promotes self-estrangement and interpersonal distance.

Narcissus symbolizes the tragedy of living without self-knowledge. He parallels the eating disorder person who also is unable to reach outside of herself to another and instead eats for emotional sustenance. Narcissus also represents the image obsession that traps women. Narcissus spurned other's attempts at love and unwittingly desired himself, and hence, became the other that sought his own approval. He became his own wooer. Narcissus's fate was to be pleased and to be pleasing to the eye. Teresias, an old seer, was consulted by Narcissus's mother Neirope; he prophesized that Narcissus would live to a ripe old age as long as he did not come to know himself. Unfortunately, Narcissus's first taste of knowledge is the recognition of a lover in his own reflection. He cannot survive this knowledge because he cannot turn away from the image to love outside of himself. He grasps at an object that he does not know. Graves (1955) suggests that Narcissus had some awareness of the self for the mirror that it was, Graves quotes and comments on Winnicott's (1958) terms on the self as: " 'a false self, an as-if personality, or a self-representation fabricated out of the views and attributions of others'. Narcissus' belief in a 'true self' suggests that he realized that self-knowledge involved the destruction of the perfect" (Hamilton, 1982, p.135).

The themes of self-fascination are common in contemporary music. Songs like Rod Stewart's "If you want my body and you think I'm sexy..." reflect this fascination. Lasch's sociocultural analysis described the 'image pre-occupation awareness' in that the minimal self knows that he and his society are stuck in an impotent mode of gratification and pseudo self-awareness but cannot escape it. To turn these ideas back on the eating disorder problem, let us turn to the self-reflective aspect of image.

Women are concerned with their appearance and advertising promotes a fairly specific set of beauty standards. Paradoxically, in spite of the desire to attain and maintain beauty, women overeat or starve themselves in ways that detract from their ability to attain that objective. As well, after years of "awareness movements," this is a time in which women know more than they ever have about bodily damage caused by dysfunctional eating or starving behavior, and yet, continue to abuse their bodies. This paradoxical behavior is at the core of the mystery. Why, with their knowledge, do women engage in self-defeating behavior such as the eating disorder? Does this behavior parallel Narcissus' evasion of self-knowledge? Does this suggest that obsession with image overrides self-knowledge?

It is my belief that the societal worship of the ideal-image plays a factor when it becomes so embedded in some women's unconscious that even their own perceptions of self are distorted. These women look at their body proportions as disappointing, and at themselves as failures. These women, like Narcissus, cannot see beyond the image and they, like Echo, only reflect the ideal image created by others.

Women's eating problems begin with diets and with excessive self-control. As indicated in the literature, many women are trapped in an impossible pursuit of an unattainable body image. Ultimately, the emphasis on body-image is a core issue in the eating disorders which seem to worsen with women who are vulnerable to rejection and who conform excessively to societal pressures.

Conclusions on the Explorations of Narcissism Metaphors with Core Issues in Eating Disorders

To conclude this final section on the metaphors contained within the myth of Echo and Narcissus, and how they relate to eating disorders, allow me to reveiw these two key players and eating disorders. Narcissus's fate was to be pleasing to the eyes, and, in turn, to be pleased. His purpose is strikingly parallel to Ortega y Gasset's (1932) claim that, "women's nature is to be viewed." Echo's fate was to be echolaic; she was so locked into mirroring voice, that she lacked her own voice. Narcissus and Echo both represent human problems of self-identification. They illustrate a predisposition for being a reflected object, whether reflection of speech or reflection of image. Collectively, they represent the inevitable failure of relationship when one partner has deflated image and the other an inflated image.

Narcissus and Echo represent the pathology of a relationship that is need-driven, self-centered and ultimately sterile. Their love relationship fails because they were trapped in mirroring and echoing. Narcissus with his image, Echo with Narcissus. Both were unable to be individuals in their own right and both were unable to respond to the other's inner needs or feelings. Both were unable to see self in relation to others. Echo lost herself in others while Narcissus could not see beyond his obsession with himself.

Narcissus and Echo are representative of relationships that haven't worked just as they are representative of individuals who fail to bond outside of the self. This myth portrayed failed love during adolescence but it is a drama played throughout adulthood. A literal telling of the myth does not necessarily reveal what an eating disorder person experiences, in fact, in the Narcissus and Echo myth there is only one mention of dysfunctional eating behavior-that Echo wasted away in isolation.

Echo does not simply represent the anorexic who starves herself, rather she represents the human emptiness which lives where there no voice, where distorted images prevail and where the failure to develop boundaries leaves one without protection. Echo's story and the story of women's anger (and despair) that is not given voice, are stories of pain projected into their own bodies. Their overeating, or lack of eating, is a denial of their feelings of themselves and a denial of their vulnerability in love relationships.

There is no single explanation for eating disorders, as of now the most comprehensive approach is a multi-model one premised on the starting points of biological, sociological and psychological determinants. The parallels of pre-occupation with self and image distortions in the Narcissus myth and some theoretical elaborations with similar ones in eating disorders allow two lines of reasoning. First, that eating disorders are, in fact, types of narcissistic disorders. A second approach, that could explain the parallels, is that narcissistic type of behavior indicates human nature gone wrong that surfaces at the individual and societal level in eating disorders or other self-destructive behaviors. The fact that eating disorders primarily afflict women suggests they might be an expression of narcissistic properties within "female nature" as it is experienced in 20th century North American culture.

Aspects of female behavior that involve a pre-occupation with image parallel some interpretations of narcissism. When behaviors of the more severe eating disorders are articulated they describe extreme body pre-occupation and rigidness. Is there a link? Narcissism has been attributed to the attachment history of the infant, to inherent primary narcissism, and to societal forces which are themselves narcissistic. This myth provides metaphors that portray how individual and societal factors affect females' eating disorders. By considering eating disorders along this paradigm, male narcissism might also be considered as being expressed in other disorders, perhaps in alcoholism or workaholism. From these premises, eating disorders, and less severe eating problems, might be considered as defenses from a society that contradicts human and more specifically, female nature.

Chapter 7. Summary, Discussion and Conclusion

Summary

The purpose of this study was to explore conceptualizations of women's eating disorders. The investigative part of the task involved an analysis of the research and theory and a set of interviews with both professionals who work with women suffering from eating disorders and with two eating disordered women. The exploratory task involved an essay on women's eating disorders in which concepts and metaphors from narcissism myth and theory were used to illuminate and discuss core eating disorder issues.

The overall task was inherently challenging because while there is an abundance of literature on eating disorders, narcissism theory has seldom been used to explain them. Therefore, this task required a comprehensive overview of current literature on eating disorders, an explication of narcissism theory, and articulation on the terms of metaphor. With such objectives in mind, I drew from a variety of diverse strands of information in order to develop a novel explication of women's eating disorders.

Eating disorder definitions were documented from a variety of sources, to name a few, these included the DSM III (1980, 1987) and assorted writings by experts on the topic such as Bruch (1973) and Sours (1980). I also posited my own conceptualization of eating disorders as being a deviation from the natural responses of physical hunger. This definition allowed for a broader range of analysis on eating disorders to be considered, thus the biological, cultural and emotional dimensions were explored.

Since there was such an abundance of literature on the eating disorders topic, I organized the research into nature and nurture approaches. Essentially, this meant that the "nature" literature I included described or researched eating disorders as a function of physiological problems, referred to in this thesis as "bio-medical". The "nurture" conceptual approach included research and literature that explained eating disorders from "socio-cultural" and "psychological" perspectives. The key difference between the nature and nurture approaches is that one embodied inherent factors and the other environmental and psychological factors, although the distinction between these two approaches is ocassionly minimal with one's psychological dimensions that seem both inborn and nurtured.

The interview section of this thesis was included to provide a format for personal articulation by women on eating disorders. In the process of interviewing the school counsellor, the hospital psychologist, the dietitian, and the two eating disordered women it was clear that emotional and symbolic factors underlie the eating disorders. This reinforced

my sense that eating disorders are intimately connected to the cultural and psychological conditions of women. The combination of the professionals' approaches and the personal insights of all five women interviewed provided a human quality to the thesis but did not necessarily reveal conclusive understanding on the "why" and "how" of the eating disorders. A question asked of all the women interviewed was "why do women seem to get eating disorders more than men do?" and "why are not all women vulnerable to eating disorders?". Their answers were varied. However, all of the women consistently identified the cultural pressures to be slim and one's psychological sensitivity. As well familial background and childhood experiences were mentioned as links to eating disorders.

The final two chapters of the thesis includes the integration of existing conceptualizations on eating disorders as described by the literature and in the interviews with narcissism metaphors. This integration is achieved in an interpretive-type essay that includes explication and application of narcissism ideas as articulated Freud, Lasch, and Schmookler to women's eating disorders. From each of these narcissism theorists and from the myth of Narcissus, concepts and metaphors emerge that can be used to illuminate women's eating disorders. I extrapolate and categorize narcissism ideas into three key metaphors, Echo or lack of communication, boundaries, in particular, psychological ones, and image.

This metaphorical procedure steps outside of the range of conventional approaches to eating disorders that typically focus on a physiological or cultural factor. Because of the connective conceptual links possible between narcissism and eating disorders such a metaphorical approach is feasible. Its strength lies in its uniqueness, in contrast to the existing research that seeks to answer questions, this approach evokes more questioning. As well, it allows an illumination that lends itself to inner and symbolic explorations by the women who experience, or the professionals who treat, the eating disorders.

Conclusions in this thesis are not easily quantified. In the spirit of exploration, an open approach that recognizes the subjective dimension of eating disorders and associated metaphors is preferable. Women caught up in an eating disorder suffer from a range of physiological problems that mask the psychological ones. Openness requires exploration of cultural and psychological influences. Treatment purposes should attempt to overcome the repressed quality of psychological issues involved in the eating disorders. In this thesis, I suggest that metaphors can serve as liberating conceptual vehicles that unlock one's personal stories and reveal the underlying issues of the eating disorder. In a sense, the rationale for this thesis is to suggest a philosophical approach that recognizes existing

knowledge on the topic and also steps beyond theoretical understanding to evoke symbolic and personal interpretations that speak more directly to women with the eating disorders.

Theoretical Significance

The research reviewed in this thesis ranged from quantifiable measures of eating disorders to qualitative interpretations on the eating disorders. The theories posited by Freud, Lasch, and Schmookler on narcissism did not directly deal with eating disorders. Therefore the juxtaposition of eating disorder research and narcissism theory provided a novel theoretical approach that entailed creative conceptualizations with metaphors and core eating disorder issues.

My theory that eating disorders can be illuminated by metaphors of narcissism may never quite fit the theoretical criteria of being falsifiable or disconfirmable. There are inherent unproved assumptions in this thesis, for example, the notion of psychological boundaries is difficult to prove and some of the speculations of individuals' conceptions of their body image are equally unproveable. The only evidence to substantiate such assumptions is obtained by listening to women's concerns on the topic. Listening to what women say about their vulnerability or about their body image. As I have found in this study, some women may have much to say on the topic, others may have a sense of boundaries and image but lack expressive ease with psychological and emotional issues. Therefore, the greatest strength of this approach may not be in its theoretical soundness but in its ability to illuminate and express women's problems with eating.

The appeal of narcissism concepts and metaphors for illuminating the topic of eating disorders lies in their description of the psychological dimensions of ego, object love and self image and in the description of etiological factors such as early developmental experiences. If one parallels the eating disorders with narcissism, then one may be able apply its psychological and environmental descriptions . This then provides a theoretical model by which to understand eating disorders that may not fit exactly, but that may explicate the nature of the self-defeating behaviors inherent in starving or overfeeding.

Narcissism is essentially a theory of contradictions that describes how one experiences opposing psychological feelings of grandiosity and worthlessness. It describes "superiority" behaviors co-existing with "self-denigrating" behaviors. In a similar way eating disorders show up in women as contradictions. Essentially women are starving themselves to be thin and beautiful and yet ultimately they destroy their good looks and health. Some women who are overeating in response to stress and emotional needs, also simultaneously aware that they will suffer from the further anguish inherent in the

binge eating behavior. From this line of thinking then the strength of the narcissism theory lies not so much in its explanations, but in its concepts that describe and parallel the self-destructive behaviors demonstrated by women with eating disorders. Viewed in an existential way, the narcissism concepts and metaphors articulate the lived and psychological experience of an eating disorder.

A theoretical approach of juxtaposing eating disorder research with narcissism concepts opens up a new perspective by using an old theory to draw a picture of lived experience in a new way. It is an approach that invites the reader, the counsellor, and the person who suffers from an eating disorder to conceptualize the underpinnings of the eating disorder according to personal psychological and historical needs. It tells a story of Narcissus and Echo and asks how the eating disordered woman fits that story or a related one.

Implications and Recommendations

Several implications can be drawn from this study. Perhaps one of the most important is the personal application it can provide women with eating disorders. At present, concerned counsellors and family are stumped by eating disorders and effective treatments remain elusive. The research investigated here and the data from the interviews attributed physiological, cultural and psychological factors. This implies the need to address all three factors in treatment. Metaphors can be used in therapy to help the patient articulate her personal history, as a starting point for her own discovery process. Such an approach, I believe, could create opportunities to express unvoiced, and sometimes, unconscious repressions.

A final recommendation is presented here. Within the counselling or research setting there is a tendency to specialize in one area or to focus on one aspect. There has not, historically, been overlaps of the disciplines in eating disorder research and treatment. A multi-dimensional approach to research and therapy as described by the dietitian I interviewed, seems an optimal type of treatment. It makes the most sense because eating disorders are born of a range of physical and emotional problems. Theoretically, this implies that a behaviorist should meet forces with a cognitivist, a sociologist and a psychoanalyst to research the topic. Clinically, this means that a diverse team of professionals must treat all aspects of the emotional, the environmental and the physical person. At the risk of shooting the arrow in too many directions and not reaching any real target, I suggest use of a holistic instead of a specific approach. A holistic approach would best fit the multifactorial nature of eating disorders.

Suggestions for further research

An underlying theme in the thesis is the metaphorical conceptualization of women's eating disorders. Further research is needed to determine how the physical, emotional and cultural factors relate and interact to affect one with an eating disorder. Approaches that are creative would seek to elicit further explorations into symbolic interpretations. Metaphorical conceptualization such as the Echo metaphor can be compared to real women's stories to find how consistently an Echo type history and experience is felt by women. Since the eating disorders occur primarily in the female population, research needs to further explore the gender and sexuality distinctions. Resiliency and weaknesses within the female population to eating disorders need to be identified, their identification can serve as research and treatment guidelines.

Conclusion

One objective of this study was to identify commonalties and exceptions in eating disorders. I identified women's common concerns of image, boundaries and communication involved in the eating disorders. The less intact these were in a woman's life the more likely she was to suffer from an eating problem or eating disorder.

The eating disorders are considered along a continuum. Inherently distinct eating disorders such as obesity and anorexia nervosa share some underlying commonalties such as self-destructive behavior and psychological repressions. Whether one becomes an anorexic or a compulsive overeater is unclear however the research suggests that personality and familial history are key factors. A perfectionist or over-achiever with a compulsive-obsessive type of personality may be more prone to develop anorexia nervosa. A person who struggles to control her impulses, and who suffers from both emotional hunger and low self-esteem may become a compulsive overeater. There is no one type of eating disordered person. Instead there appears to be a susceptibility to eating problems that are acted out in ways consistent with an one's personality and history. As well, the research indicates that one who suffers from compulsive overeating can also become anorexic. It seems that the anorexia starving and purgeing behavior might be a final ditch attempt to gain control over the overwhelming urge to overeat.

To conclude this study of eating disorders and narcissism concepts or metaphors, in which I have discussed a range of factors attributed to eating disorders, I have one last comment to make. I have shot the arrow far and wide in search of understanding and found the conceptual target in an approach instead of in quantifiable answers. This approach attempts to describe and illuminate the eating disorders from theoretical, personal

and symbolic perspectives that are inherent in the narcissism metaphors.

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